

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 22, 2022

Paul Wyman Retirement Living Management of Standale, LLC 1845 Birmingham S.E. Lowell, MI 49331

RE: License #:	AL700378371
	Green Acres of Standale II
	11278 - 1st Ave. NW
	Grand Rapids, MI 49534

Dear Mr. Wyman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor

350 Ottawa, N.W. Grand Rapids, MI 49503

lizbett Elliott

(616) 901-0585

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AL700378371			
Licensee Name:	Retirement Living Management of Standale, LLC			
Licensee Address:	1045 Dirmain above C. F.			
Licensee Address:	1845 Birmingham S.E. Lowell, MI 49331			
Licensee Telephone #:	(616) 897-8000			
Licensee/Licensee Designee:	Paul Wyman, Designee			
Electroco/Electroco Beolgice.	T dai vvyman, besignee			
Administrator:	Sam Rorie, Administrator			
Name of Facility:	Green Acres of Standale II			
Facility Address:	11278 - 1st Ave. NW Grand Rapids, MI 49534			
Facility Telephone #:	(616) 431-3021			
Original Issuance Date:	04/04/2016			
Capacity:	20			
Program Type:	AGED ALZHEIMERS			

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		09/21/2022				
Dat	e of Bureau of Fire Services Inspection if app	licable:	12/28/2021, 02/09/2022			
Date of Health Authority Inspection if applicable: N/A						
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: Sam Ro	rie & Ke	1 5 elly Nelson			
•	Medication pass / simulated pass observed?	Yes ⊠	〗No ☐ If no, explain.			
•	Medication(s) and medication record(s) review	ewed?	∕es ⊠ No □ If no, explain.			
•	Yes ⊠ No □ If no, explain.					
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ea	xplain.				
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.			
•	If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, explain. This renewal inspection was conducted virtually due to postive COVID19 cases in the facility. The Administrator, Sam Rorie tested the water and it tested at 108 and 110 degrees Fahrenheit in resident rooms.					
•	Corrective action plan compliance verified? N/A ⊠	Yes 🗌	CAP date/s and rule/s:			
•	Number of excluded employees followed-up	?	N/A ⊠			
•	Variances? Yes ⊠ (please explain) No ☐ Variance-304 (1)(b) On 04/01/2016, when the variance was submitted by the Licensee Desthe locked gate on the courtyard fence.	is facility				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

09/22/2022

Elizabeth Elliott

Date

Licensing Consultant

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