



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 10, 2022

Amanda Brenner  
Chandler Pines, LLC  
1435 Coit Ave NE  
Grand Rapids, MI 49505

RE: License #: AS410411560  
**Chandler Pines Unit B**  
**7555 Chandler Dr. NE**  
**Belmont, MI 49306**

Dear Ms. Brenner:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410411560
<b>Licensee Name:</b>	Chandler Pines, LLC
<b>Licensee Address:</b>	1435 Coit Ave NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 745-4675
<b>Licensee/Licensee Designee:</b>	Amanda Brenner, Designee
<b>Administrator:</b>	Amanda Brenner
<b>Name of Facility:</b>	Chandler Pines Unit B
<b>Facility Address:</b>	7555 Chandler Dr. NE Belmont, MI 49306
<b>Facility Telephone #:</b>	(616) 204-7598
<b>Original Issuance Date:</b>	05/18/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/07/2022

Date of Bureau of Fire Services Inspection if applicable: 11/07/2022

Date of Health Authority Inspection if applicable: 02/11/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Medications passed prior to inspection.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
Meal prepared prior to inspection.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain. No Special Cert.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
SIR 2023A0583004; R 400.14507 (2) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. Exit Conference completed onsite with Licensee Designee Amanda Brenner.

The facility is in compliance with all applicable rules and statutes.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



11/10/2022

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Toya Zylstra  
Licensing Consultant

Date