



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 30, 2021

Donald Trygstad
Robbinswood Assisted Living Community
1125 Robbins Road
Grand Haven, MI 49417

RE: License #: AH700319383
Robbinswood Assisted Living Community
1125 Robbins Road
Grand Haven, MI 49417

Dear Mr. Trygstad:

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 until 12/9/2022. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700319383
Licensee Name:	Robbinswood Operating Co., LLC
Licensee Address:	1125 Robbinswood Road Grand Haven, MI 49417
Licensee Telephone #:	(616) 842-1900
Authorized Representative/Administrator:	Donald Trygstad
Name of Facility:	Robbinswood Assisted Living Community
Facility Address:	1125 Robbins Road Grand Haven, MI 49417
Facility Telephone #:	(616) 842-1900
Original Issuance Date:	05/17/2012
Capacity:	110
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/30/2021 – No On-site

Date of Bureau of Fire Services Inspection if applicable: BFS – A 1/20/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/30/2021

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(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.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Hinds

11/30/2021

Licensing Consultant

Date