



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 21, 2022

Paul Wyman  
Retirement Living Management of Fruitport  
1845 Birmingham  
Lowell, MI 49331

RE: License #: AL610288875  
Investigation #: 2023A0356008  
Chestnut Fields Retirement Community

Dear Mr. Wyman:

***For CDC only*** – Delete everything below stopping at the final paragraph before the signature section. Enter autotext: sicover

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

**or**

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On , you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

**-or-**

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

**-or-**

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

#### **IF PROVISIONAL**

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

**-or-**

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

#### **FOR CWL ONLY**

Please note that violations of any licensing rules are also violations of the MSA and your contract.

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 contact the local office at (616) 356-0183.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL610288875
<b>Investigation #:</b>	2023A0356008
<b>Complaint Receipt Date:</b>	12/01/2022
<b>Investigation Initiation Date:</b>	12/01/2022
<b>Report Due Date:</b>	01/30/2023
<b>LicenseeName:</b>	Retirement Living Management of Fruitport
<b>LicenseeAddress:</b>	1845 Birmingham Lowell, MI 49331
<b>LicenseeTelephone #:</b>	(616) 897-8000
<b>Administrator:</b>	Paul Wyman, Designee
<b>Licensee Designee:</b>	Paul Wyman, Designee
<b>Name of Facility:</b>	Chestnut Fields Retirement Community
<b>Facility Address:</b>	5425 Chestnut Dr. Muskegon, MI 49444
<b>Facility Telephone #:</b>	(231) 798-2220
<b>Original Issuance Date:</b>	02/01/2008
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2022
<b>Expiration Date:</b>	07/31/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED



**II. ALLEGATION(S)**

	<b>Violation Established?</b>
	Yes - No
	Yes - No
	Yes - No
	Yes - No
Additional Findings	Yes

Resident (father) passed away in the facility, likely due to covid complications. There is concern that the facility was not providing resident with pain relief measures before he passed away.

**III. METHODOLOGY**

12/01/2022	Special Investigation Intake 2023A0356008
12/01/2022	Special Investigation Initiated - Telephone Nicole Bradley, Administrator.
12/08/2022	APS Referral
12/08/2022	Contact - Telephone call made Kelly Antekeier. Relative #1
12/08/2022	Contact - Telephone call made Kindred Hospice, Melissa Russell. Clinical Manager.
12/09/2022	Contact - Document Received Documents-facility docs received.
12/12/2022	Contact - Telephone call made Relative #1
12/13/2022	Contact - Telephone call made Deb Belmonte, DCW.

12/19/2022	Contact - Telephone call received Deb Belmonte, DCW.
12/20/2022	Contact - Telephone call made D. Belmonte, DCW.
12/21/2022	Contact - Telephone call made Ashlee Williams, Kindred Hospice Nurse.

**ALLEGATION:**

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>R 400.15310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	



<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	

<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	

<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

:

**INVESTIGATION:**

<b>APPLICABLE RULE</b>	
<b>ANALYSIS:</b>	
<b>CONCLUSION:</b>	

**IV. RECOMMENDATION**

\_\_\_\_\_  
Elizabeth Elliott  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:



---

Jerry Hendrick  
Area Manager

Date