



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 1, 2023

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

RE: License #: AL830244420
Green Acres Retirement Living
235 Pearl Street
Cadillac, MI 49601

Dear Mr. Wyman:

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 that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #:	AL830244420
Licensee Name:	Retirement Living Management of Cadillac
Licensee Address:	1845 Birmingham SE Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Licensee Designee:	Paul Wyman
Administrator:	Olivia Cook
Name of Facility:	Green Acres Retirement Living
Facility Address:	235 Pearl Street Cadillac, MI 49601
Facility Telephone #:	(231) 775-5300
Original Issuance Date:	07/26/2002
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2023

Date of Bureau of Fire Services Inspection if applicable: 10/06/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role: [REDACTED]

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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



02/01/2023

Rhonda Richards
Licensing Consultant

Date