



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2023

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

RE: License #: AM410336052  
**Green Acres Lowell II**  
**11534 Fulton St.**  
**Lowell, MI 49331**

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor,  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410336052

**Licensee Name:** Retirement Living Management of Lowell, LLC

**Licensee Address:** 1845 Birmingham S.E.  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000

**Licensee/Licensee Designee:** Paul Wyman, Designee

**Administrator:** Venessa Miller

**Name of Facility:** Green Acres Lowell II

**Facility Address:** 11534 Fulton St.  
Lowell, MI 49331

**Facility Telephone #:** (616) 987-9115

**Original Issuance Date:** 01/14/2013

**Capacity:** 12

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/14/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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**

This facility was determined to be in substantial compliance with rules and requirements. The Licensee Designee, Paul Wyman, agreed with my findings.

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

**IV. RECOMMENDATION**

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

*Arlene B. Smith*

07/18/2023

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Arlene B. Smith  
Licensing Consultant

Date