



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 30, 2023

Toni LaRose
AH Spring Lake Subtenant LLC
6755 Telegraph Rd Ste 330
Bloomfield Hills, MI 48301

RE: License #: AL700397741
AHSL Spring Lake Stoneybrook
17393 Oak Crest Parkway
Spring Lake, MI 49456

Dear Toni LaRose:

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

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

I. IDENTIFYING INFORMATION

License #: AL700397741

Licensee Name: AH Spring Lake Subtenant LLC

Licensee Address: One SeaGate, Suite 1500
Toledo, OH 43604

Licensee Telephone #: (248) 203-1800

Licensee/Licensee Designee: Toni LaRose

Administrator: Toni LaRose

Name of Facility: AHSL Spring Lake Stoneybrook

Facility Address: 17393 Oak Crest Parkway
Spring Lake, MI 49456

Facility Telephone #: (616) 844-2880

Original Issuance Date: 02/25/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2023

Date of Bureau of Fire Services Inspection if applicable: 12/22/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 2 Role: Licensee Desig., Wellness Dir.

- 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.
Not mealtime. Consultant asked questions, inspected kitchen.
- 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.
N/A
- 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 2-year regular adult foster care license.



August 30, 2023

Ian Tschirhart
Licensing Consultant

Date