



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 19, 2023

Paul Wyman  
Retirement Living Management of Cedar Springs, LLC  
1845 Birmingham  
Lowell, MI 49331

RE: License #: AL410384428  
**Green Acres of Cedar Springs**  
**420 Main Street**  
**Cedar Springs, MI 49319**

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 Adult Foster Care large group home license are renewed. The license 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, MSW, 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 #:** AL410384428

**Licensee Name:** Retirement Living Management of Cedar Springs, LLC

**Licensee Address:** 1845 Birmingham  
Lowell, MI 49331

**Licensee Telephone #:** (616) 460-8100

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

**Administrator:** Judy Olsen

**Name of Facility:** Green Acres of Cedar Springs

**Facility Address:** 420 Main Street  
Cedar Springs, MI 49319

**Facility Telephone #:** (616) 439-3213

**Original Issuance Date:** 06/20/2017

**Capacity:** 20

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/19/2023  
Date of Bureau of Fire Services Inspection if applicable: 03/15/2023  
Date of Health Authority Inspection if applicable: 12/19/2023  
No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 4  
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 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* 12/19/2023

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Arlene B. Smith  
Licensing Consultant

Date