



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 29, 2024

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

RE: License #: AL410311105
Green Acres Lowell
11530 Fulton Street East
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 Adult Foster Care large group home license are renewed. The regular license is valid only at your present address and is nontransferable. this matter.

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,

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 #: AL410311105

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: Vanessa Miller

Name of Facility: Green Acres Lowell

Facility Address: 11530 Fulton Street East
Lowell, MI 49331

Facility Telephone #: (616) 987-9115

Original Issuance Date: 07/13/2011

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/26/2024
Date of Bureau of Fire Services Inspection if applicable: 11/07/2022
Date of Health Authority Inspection if applicable: 01/26/2024
No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 5
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 agreed with my findings.

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 20.

Arlene B. Smith

01/29/2024

Arlene B. Smith
Licensing Consultant

Date