



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 19, 2024

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

RE: License #: AL590279843  
**Green Acres of Greenville**  
**1601 Winter Creek Court**  
**Greenville, MI 48838**

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL590279843

**Licensee Name:** Retirement Living Management of Greenville

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

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

**Licensee/Licensee Designee:** Paul Wyman

**Administrator:** Jessica Suschil

**Name of Facility:** Green Acres of Greenville

**Facility Address:** 1601 Winter Creek Court  
Greenville, MI 48838

**Facility Telephone #:** (616) 754-8850

**Original Issuance Date:** 05/17/2007

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2024

Date of Bureau of Fire Services Inspection if applicable: 06/15/2023

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

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:  
04/13/22: a1312(2) 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).

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



03/19/2024

---

Amanda Blasius  
Licensing Consultant

Date