



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2024

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

RE: License #: AL560266452
Nottingham Place
5800 Jefferson
Midland, MI 48640

Dear Paul 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. If 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 cursive script that reads "Rodney Gill".

Rodney Gill, 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 #: AL560266452

Licensee Name: Retirement Living Management of Midland

Licensee Address: 1845 Birmingham SE
Lowell, MI 49331

Licensee Telephone #: (616) 897-8000

Licensee/Licensee Designee: Paul Wyman, Designee

Administrator: Kathy Lorraine Drew

Name of Facility: Nottingham Place

Facility Address: 5800 Jefferson
Midland, MI 48640

Facility Telephone #: (989) 837-3190

Original Issuance Date: 01/06/2006

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/12/2024

Date of Bureau of Fire Services Inspection if applicable: 01/26/2024, 02/13/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 16
No. of others interviewed 0 Role: [REDACTED]

- 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

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.



06/17/2024

Rodney Gill
Licensing Consultant

Date