



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2024

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

RE: License #:	AL610288875 Chestnut Fields Retirement Community 5425 Chestnut Dr. Muskegon, MI 49444
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Dear Mr. Wyman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AL610288875
Licensee Name:	Retirement Living Management of Fruitport
Licensee Address:	1845 Birmingham Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Licensee/Licensee Designee:	Paul Wyman, Designee
Administrator:	Amber Fry, Administrator
Name of Facility:	Chestnut Fields Retirement Community
Facility Address:	5425 Chestnut Dr. Muskegon, MI 49444
Facility Telephone #:	(231) 798-2220
Original Issuance Date:	02/01/2008
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2024

Date of Bureau of Fire Services Inspection if applicable: 01/18/2024, 02/22/2024

Date of Health Authority Inspection if applicable: 07/17/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Amber Fry, Regional Consultant

- 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 compliance with rules and requirements.

IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Elizabeth Elliott".

07/22/2024

Elizabeth Elliott
Licensing Consultant

Date