

January 10, 2025

Samantha Thelen
Grandhaven Living Center LLC
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL330237775
Grandhaven Living Center 2 (Pier)
3145 W Mt Hope Avenue
Lansing, MI 48911

Dear Ms. Thelen:

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,

Bridget Vermeesch

Bridget Vermeesch, 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#: | AL330237775 |
| Licensee Name: | Grandhaven Living Center LLC |
| Licensee Address: | Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512 |
| Licensee Telephone #: | (517) 420-3898 |
| Licensee/Licensee Designee: | Samantha Thelen |
| Administrator: | Sheila Ward |
| Name of Facility: | Grandhaven Living Center 2 (Pier) |
| Facility Address: | 3145 W Mt Hope Avenue Lansing, MI 48911 |
| Facility Telephone #: | (517) 485-5966 |
| Original Issuance Date: | 02/12/2002 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2025

Date of Bureau of Fire Services Inspection if applicable: 02/14/2024, 02/15/2023

Date of Health Authority Inspection if applicable: N/A; Public Water and Sewer

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Executive Director

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents in care at the time of renewal
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No residents in care at the time of renewal
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No residents in care at the time of renewal
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents in care at the time of renewal
- 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.
No residents in care at the time of renewal
- 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, capacity of 20.

Bridget Vermeesch

01/10/2025

Bridget Vermeesch
Licensing Consultant

Date