



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2025

Donald Trygstad
Robbinswood Assisted Living Community
1125 Robbins Road
Grand Haven, MI 49417

RE: License #: AH700319383
Robbinswood Assisted Living Community
1125 Robbins Road
Grand Haven, MI 49417

Dear Donald Trygstad:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH700319383
Licensee Name:	Robbinswood Operating Co., LLC
Licensee Address:	1125 Robbinswood Road Grand Haven, MI 49417
Licensee Telephone #:	(616) 842-1900
Authorized Representative/Administrator	Donald Trygstad
Name of Facility:	Robbinswood Assisted Living Community
Facility Address:	1125 Robbins Road Grand Haven, MI 49417
Facility Telephone #:	(616) 842-1900
Original Issuance Date:	05/17/2012
Capacity:	110
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/22/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 7/22/2025

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 37

No. of others interviewed 0 Role N/A


- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(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.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating Home for the Aged facilities.

IV. RECOMMENDATION

The facility follows all applicable rules and regulations. No further recommendations.



7/23/2025

Date

Licensing Consultant