



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 11, 2025

Paul Wyman
Retirement Living Management of Lowell, LLC
1845 Birmingham S.E.
Lowell, MI 49331

RE: License #: AM410336052
Green Acres Lowell II
11534 Fulton St.
Lowell, MI 49331

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 Adult Foster Care medium group home license are renewed. The license 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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

Licens #:	AM410336052
Licensee Name:	Retirement Living Management of Lowell, LLC
Licensee Address:	1845 Birmingham S.E. Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Licensee/Licensee Designee:	Paul Wyman, Designee
Administrator:	Venessa Miller
Name of Facility:	Green Acres Lowell II
Facility Address:	11534 Fulton St. Lowell, MI 49331
Facility Telephone #:	(616) 987-9115
Original Issuance Date:	01/14/2013
Capacity:	12
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2025

Date of Bureau of Fire Services Inspection if applicable: 10/30/2024

Date of Health Authority Inspection if applicable: 07/09/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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. They do not manage any resident funds.
- Meal preparation / service observed? Yes No If no, explain. It was not meal time when I was there.
- 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 substantial compliance with rules and requirements. The Licensee Designee agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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

Arlene B. Smith

07/09/2025

Arlene B. Smith
Licensing Consultant

Date