



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 22, 2025

Joanne Broidrick  
Golden Life AFC, LLC  
1230 S. Lafayette St  
Greenville, MI 48838

RE: License #: AL590398548  
**Golden Life Assisted Living #3**  
**8675 S. Grow Road**  
**Greenville, MI 48838**

Dear Mrs. Broidrick:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Blasius', written in a cursive style.

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL590398548

**Licensee Name:** Golden Life AFC, LLC

**Licensee Address:** 1230 S. Lafayette St  
Greenville, MI 48838

**Licensee Telephone #:** (616) 263-7726

**Licensee/Licensee Designee:** Joanne Broidrick

**Administrator:** Joanne Broidrick

**Name of Facility:** Golden Life Assisted Living #3

**Facility Address:** 8675 S. Grow Road  
Greenville, MI 48838

**Facility Telephone #:** (616) 263-7726

**Original Issuance Date:** 07/22/2019

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2025

Date of Bureau of Fire Services Inspection if applicable: 05/05/2025

Date of Health Authority Inspection if applicable: 09/17/2025

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 15

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

This facility was found to be in non-compliance with the following rules:

**R 400.647                      Safety and maintenance of premises.**

**(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

At the time of inspection, Resident A's bedroom was full of his personal belongings and was blocking a clear and safe emergency exit out of his window.

**R 400.647                      Safety and maintenance of premises.**

**(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.**

At the time of inspection, Resident B and C's bedroom had dirty carpet, walls that needed to be washed and painted, along with broken blinds.

**R 400.663                      Nutrition; adoption by reference.**

**(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.**

At the time of inspection, a menu was not posted to be viewed.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.**

At the time of inspection, Resident D's health care appraisal was not completed within 90 days before admission and was also not completed annually.

**R 400.691 Resident records.**

**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**

**(g) Admission and monthly weight record.**

At the time of inspection, Resident E's weight record was not completed for the month of June and August 2025. Resident F's weight record was not completed for the month of August 2025.

**R 400.715 Facility Environment; fire safety, adoption by reference.**

**(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following.**

At the time of inspection, evacuation assessments had not been completed within thirty days after the admission of each new resident for the year of 2025.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/22/2025

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Amanda Blasius  
Licensing Consultant

Date