



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 17, 2026

Paula Reames  
2330 Riverwood Drive  
Twin Lake, MI 49457

RE: License #:	AS610385533 Families Manor 2330 Riverwood Dr. Twin Lake, MI 49457
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Dear Ms. Reames:

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**

<b>License #:</b>	AS610385533
<b>Licensee Name:</b>	Paula Reames
<b>Licensee Address:</b>	2330 Riverwood Drive Twin Lake, MI 49457
<b>Licensee Telephone #:</b>	(231) 206-0358
<b>Licensee/Licensee Designee:</b>	Paula Reames
<b>Administrator:</b>	Paula Reames
<b>Name of Facility:</b>	Families Manor
<b>Facility Address:</b>	2330 Riverwood Dr. Twin Lake, MI 49457
<b>Facility Telephone #:</b>	(231) 206-0358
<b>Original Issuance Date:</b>	09/01/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/13/2026

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

Date of Health Authority Inspection if applicable: 02/13/2026

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 5  
No. of others interviewed 1 Role: P. Reames, Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being administered, a review of the medications and MAR was conducted.
- 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? WFBC review completed with P. Reames, Licensee 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.



02/17/2026

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Elizabeth Elliott  
Licensing Consultant

Date