



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 28, 2026

Flora Khaimov
WG Kinghaven SH, LLC
Suite 100
300 E. Market Street
Louisville, KY 40202

RE: License #: AH820401136
Atria Kinghaven
14800 King Road
Riverview, MI 48193

Dear Licensee:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that 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 that reads "Brender d. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820401136
Licensee Name:	WG Kinghaven SH, LLC
Licensee Address:	Suite 100 300 E. Market Street Louisville, KY 40202
Licensee Telephone #:	(734) 479-5900
Authorized Representative/Administrator:	Flora Khaimov
Name of Facility:	Atria Kinghaven
Facility Address:	14800 King Road Riverview, MI 48193
Facility Telephone #:	(734) 479-5900
Original Issuance Date:	08/29/2025
Capacity:	184
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2026

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/27/2026

No. of staff interviewed and/or observed 13

No. of residents interviewed and/or observed 36

No. of others interviewed Role

- 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. No funds held for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policy 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: No CAPS for this home.
- 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

Renewal of the license is recommended.

Brenden D. Howard

01/28/2026

Licensing Consultant

Date