



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2026

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

RE: License #: AL370337347
Green Acres Mt. Pleasant I
1805 E. Remus Road
Mt. Pleasant, MI 48858

Dear Mr. Wyman:

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 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 that reads "Jennifer Browning". The signature is written in a cursive, flowing style.

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

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

I. IDENTIFYING INFORMATION

License #:	AL370337347
Licensee Name:	Retirement Living Management of Mt. Pleasant
Licensee Address:	1845 Birmingham S.E. Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Licensee Designee:	Paul Wyman
Administrator:	Janelle Baldwin
Name of Facility:	Green Acres Mt. Pleasant I
Facility Address:	1805 E. Remus Road Mt. Pleasant, MI 48858
Facility Telephone #:	(989) 772-3456
Original Issuance Date:	08/14/2013
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2026

Date of Bureau of Fire Services Inspection if applicable: 01/16/2026- C rating, need to submit Corrective Action Plan.

Date of Health Authority Inspection if applicable: Not applicable.

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 19
No. of others interviewed [redacted] 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
	<ul style="list-style-type: none">• Direct care staff members did not administer Resident A's medications because she did not receive her acetaminophen arthritis at 8 PM on 01/21/2026.• Direct care staff members did not assist Resident A in applying lotion between her shoulders or applying her hydrocortisone 1% lotion on 01/21/2026.• Direct care staff members did not record a blood pressure reading for Resident A on 01/26/2026.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved Bureau of Fire Services inspection, renewal of the license is recommended.



Jennifer Browning
Licensing Consultant

_____ 01/30/2026 _____
Date