



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 17, 2026

Shayne Vanblargan
Twin Lake Assisted Living
3790 E. McMillan Rd.
Twin Lake, MI 49457

RE: License #:	AS610387285 Twin Lake Assisted Living 3790 E. McMillan Rd. Twin Lake, MI 49457
----------------	---

Dear Mr. Vanblargan:

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

License #:	AS610387285
Licensee Name:	Twin Lake Assisted Living
Licensee Address:	3790 E. McMillan Rd. Twin Lake, MI 49457
Licensee Telephone #:	(231) 788-8609
Licensee/Licensee Designee:	Shayne Vanblargan, Designee
Administrator:	Lynn Vanblargan, Administrator
Name of Facility:	Twin Lake Assisted Living
Facility Address:	3790 E. McMillan Rd. Twin Lake, MI 49457
Facility Telephone #:	(231) 788-8609
Original Issuance Date:	09/18/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/26/2026

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

Date of Health Authority Inspection if applicable: 11/19/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: L. VanBlargan, Admin.

- 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 resident medication and MAR was completed.
- 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? The Workforce background check
site was reviewed with Ms. VanBlargan. 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. I conducted an exit conference with Ms. VanBlargan at the conclusion of the renewal inspection and informed her that the license will be renewed. Upon renewing the license, we discovered that a member of the household was fingerprinted as an employee and instead, required a BCHS AFC 100 form completed, this was done and the license is renewed.

IV. RECOMMENDATION

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



03/17/2026

Elizabeth Elliott
Licensing Consultant

Date