GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2026

Priscilla Espinosa
Angels Retirement Home, Corp.
108 Spruce Ave
Holland, MI 49423

RE: License #: AS230407136
Angels Retirement Home, Corp.
10216 Royston Rd.
Grand Ledge, MI 48837

Dear Ms. Espinosa:

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,

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

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

I. IDENTIFYING INFORMATION

License #:	AS230407136
Licensee Name:	Angels Retirement Home, Corp.
Licensee Address:	108 Spruce Ave Holland, MI 49423
Licensee Telephone #:	(616) 546-5567
Licensee/Licensee Designee:	Priscilla Espinosa, Designee
Administrator:	Jose Espinosa
Name of Facility:	Angels Retirement Home, Corp.
Facility Address:	10216 Royston Rd. Grand Ledge, MI 48837
Facility Telephone #:	(616) 546-6556
Original Issuance Date:	03/09/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/19/2026

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

Date of Health Authority Inspection if applicable: 06/30/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: Licensee Designee

- 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 took place after the noon meal.
- 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? 1 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.

During the on-site inspection on 8/19/26 I observed the following issues:

1. The secondary means of egress for the facility would not open. The door handle appeared to be broken and would not turn to allow the door to open. This needs to be corrected immediately as this is a primary exit for the facility.
2. During the on-site inspection I tested the smoke detection equipment in the facility. The smoke detector located in the kitchen was not alarming when the other smoke detectors were alarming. This detector needs to be repaired or replaced to function as an interconnected unit with the other smoke detectors in the facility.
3. I observed the front railing for the wheelchair ramp was loose and not securely fastened to the ramp. This railing will need to be tightened to provide for resident safety.

R 400.731 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

During the on-site inspection I observed the furnace room door to have gaps in the frame around the top of the door. This door does not appear to be installed in a “fully stopped wood or steel frame”. This door must provide at least a one-hour fire resistant rating and the gaps around the door frame do not ensure this level of safety.

IV. RECOMMENDATION

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

8/20/26

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Jana Lipps Date
Licensing Consultant