



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 16, 2026

Laura Whaley  
Assured Care Assisted Living, LLC  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL110283726  
**The Willows Assisted Living #3**  
**3440 Niles Road**  
**St. Joseph, MI 49085**

Dear Ms. Whaley:

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 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
[gillr@michigan.gov](mailto:gillr@michigan.gov)  
(517) 980-1433

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

**I. IDENTIFYING INFORMATION**

|                                |                                                          |
|--------------------------------|----------------------------------------------------------|
| <b>License #:</b>              | AL110283726                                              |
| <b>Licensee Name:</b>          | Assured Care Assisted Living, LLC                        |
| <b>Licensee Address:</b>       | Suite 203<br>3196 Kraft Ave SE<br>Grand Rapids, MI 49512 |
| <b>Licensee Telephone #:</b>   | (616) 285-0573                                           |
| <b>Licensee Designee:</b>      | Laura Whaley                                             |
| <b>Administrator:</b>          | Laura Whaley                                             |
| <b>Name of Facility:</b>       | The Willows Assisted Living #3                           |
| <b>Facility Address:</b>       | 3440 Niles Road<br>St. Joseph, MI 49085                  |
| <b>Facility Telephone #:</b>   | (269) 428-0715                                           |
| <b>Original Issuance Date:</b> | 12/11/2007                                               |
| <b>Capacity:</b>               | 20                                                       |
| <b>Program Type:</b>           | ALZHEIMERS<br>AGED                                       |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/15/26

Date of Bureau of Fire Services Inspection if applicable: 11/10/25; 11/21/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

5

No. of residents interviewed and/or observed

9

No. of others interviewed

1 Role: Business Development Manager

- 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.
- 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:  
9/13/24 - R 400.15205(6) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



9/16/26

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Rodney Gill  
Licensing Consultant

Date