GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 1, 2026

Najib Moalin
Ivy Lane Residence LLC
4897 Grenadier Dr SW
Wyoming, MI 49509

RE: License #: AS410417901
Ivy Lane Residence
4897 Grenadier Dr SW
Wyoming, MI 49509

Dear Mr./Ms. Moalin:

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.
OR
Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.
OR
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.
OR

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.
OR
A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.
OR
Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (616) 356-0100.

Sincerely,

Gene Coulter, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS410417901
Licensee Name:	Ivy Lane Residence LLC
Licensee Address:	4897 Grenadier Dr SW Wyoming, MI 49509
License Telephone #:	(612) 232-5643
Licensee/Licensee Designee:	Najib Moalin, Designee
Administrator:	NA
Name of Facility:	Ivy Lane Residence
Facility Address:	4897 Grenadier Dr SW Wyoming, MI 49509
Facility Telephone #:	(616) 980-2145
Original Issuance Date:	02/13/2024
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/16/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 1
No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. resident was in bed
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain. licensee, is closing down facility
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. licensee is closing down facility
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. resident was in bed
- Fire drills reviewed? Yes ☐ No ☒ If no, explain. licensee is closing down facility
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain. licensee is closing down facility
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain. licensee is closing down facilty
- Incident report follow-up? Yes ☐ No ☒ If no, explain. licensee is closing down facility
- 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

Licensee closed facility on 7/16/2026 due to no longer wanting to be in business.

The facility is not in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Refusal to renew the license is recommended.

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Gene Coulter Date
Licensing Consultant