



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 20, 2019

Paul Wyman  
Retirement Living Management of Cedar Springs, LLC  
1845 Birmingham  
Lowell, MI 49331

RE: License #: AM410384427  
**Green Acres of Cedar Springs II**  
**426 Main Street**  
**Cedar Springs, MI 49319**

Dear Mr. Wyman:

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 medium group home license are renewed. The license 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 (616) 356-0100.

Sincerely,

*Arlene B. Smith*

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410384427

**Licensee Name:** Retirement Living Management of Cedar Springs, LLC

**Licensee Address:** 1845 Birmingham  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000

**Licensee/Licensee Designee:** Paul Wyman, Designee

**Administrator:** James Wyman

**Name of Facility:** Green Acres of Cedar Springs II

**Facility Address:** 426 Main Street  
Cedar Springs, MI 49319

**Facility Telephone #:** (616) 439-3213

**Original Issuance Date:** 06/20/2017

**Capacity:** 12

**Program Type:** AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/20/2019

Date of Bureau of Fire Services Inspection if applicable: 05/23/2019

Date of Health Authority Inspection if applicable: 11/20/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
No. of others interviewed 2 Role: Kitchen, Administrator

- 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A  Variance for bedroom furnishings on 06/15/2017.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

I conducted an exit conference with the Administrator, and he agreed with my findings.

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

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### IV. RECOMMENDATION

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

*Arlene B. Smith*

11/20/2019

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Arlene B. Smith MSW  
Licensing Consultant

Date