



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 5, 2020

Paul Wyman
Retirement Living Management of Fruitport
1845 Birmingham
Lowell, MI 49331

RE: License #:	AM610397644 Chestnut Fields Retirement Community 5467 Chestnut Drive Muskegon, MI 49444
----------------	--

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 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
Unit 13, 7th Floor
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 #:	AM610397644
Licensee Name:	Retirement Living Management of Fruitport
Licensee Address:	1845 Birmingham Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Licensee/Licensee Designee:	Paul Wyman, Designee
Administrator:	Jen Owens, Administrator
Name of Facility:	Chestnut Fields Retirement Community
Facility Address:	5467 Chestnut Drive Muskegon, MI 49444
Facility Telephone #:	(231) 798-2220
Original Issuance Date:	08/22/2019
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2020

Date of Bureau of Fire Services Inspection if applicable: 07/09/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: Admin/Pgm Mgr

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, medications were not due for administration so a review of resident medications and resident MARs was conducted.
- 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (capacity 12).



02/05/2020

Elizabeth Elliott
Licensing Consultant

Date