



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 14, 2021

Paul Wyman  
Retirement Living Management of Lowell, LLC  
1845 Birmingham S.E.  
Lowell, MI 49331

RE: License #: AL410385282  
**Green Acres of Lowell III**  
**11546 Fulton Street**  
**Lowell, MI 49331**

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 large 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,

A handwritten signature in cursive script that reads "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 #:** AL410385282

**Licensee Name:** Retirement Living Management of Lowell, LLC

**Licensee Address:** 1845 Birmingham S.E.  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000, (616) 897-8100

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

**Administrator:** Kendra Stormzand

**Name of Facility:** Green Acres of Lowell III

**Facility Address:** 11546 Fulton Street  
Lowell, MI 49331

**Facility Telephone #:** (616) 987-9115

**Original Issuance Date:** 12/14/2016

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/11/2021

Date of Bureau of Fire Services Inspection if applicable: 12/17/2020

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed 3 Role: Administration

- 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. They do not manage any resident funds.
- Meal preparation / service observed? Yes  No  If no, explain. It was not at meal time.
- 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 substantial compliance with rules and requirements.

I conducted a face-to-face with the Administrator, Kendra Stormzand and she agreed with my findings. I left a message with the Licensee Designee, Paul Wyman, that there were no rule violations.

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.

*Arlene B. Smith*

06/14/2021

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Arlene B. Smith  
Licensing Consultant

Date