



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 16, 2021

Paul Carlson
Bowman Place
1215 N. Elm Street
Three Rivers, MI 49093

RE: License #: AH750378305
Bowman Place
1215 N. Elm Street
Three Rivers, MI 49093

Dear Mr./Ms. Carlson:

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 until 10/24/2022. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH750378305
Licensee Name:	Bowman AID OPCO LLC
Licensee Address:	Ste 3700 330 N. Wabash Chicago, IL 60611
Licensee Telephone #:	(312) 725-7010
Authorized Representative/	Paul Carlson
Administrator/Licensee Designee:	Abigail Mulholland
Name of Facility:	Bowman Place
Facility Address:	1215 N. Elm Street Three Rivers, MI 49093
Facility Telephone #:	(269) 279-0088
Original Issuance Date:	04/25/2017
Capacity:	61
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2021

Date of Bureau of Fire Services Inspection if applicable: BFS A - 11/12/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/10/2021

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 21

No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Marino

11/16/21

Licensing Consultant

Date