



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 27, 2022

Paul Wyman  
Retirement Living Management Of Ionia, L.L.C.  
1845 Birmingham SE  
Lowell, MI 49331

RE: License #: AM340384943  
**Green Acres Of Ionia II**  
**2552 Commerce Lane**  
**Ionia, MI 48846**

Dear Mr. Wyman:

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:

- You are to submit documentation of compliance.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM340384943
<b>Licensee Name:</b>	Retirement Living Management Of Ionia, L.L.C.
<b>Licensee Address:</b>	1845 Birmingham SE Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 897-8000
<b>Licensee Designee:</b>	Paul Wyman
<b>Administrator:</b>	Paul Wyman
<b>Name of Facility:</b>	Green Acres Of Ionia II
<b>Facility Address:</b>	2552 Commerce Lane Ionia, MI 48846
<b>Facility Telephone #:</b>	(616) 527-3300
<b>Original Issuance Date:</b>	07/28/2017
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/29/2021 on-site, 01/19/2022  
(Virtual due to COVID-19)

Date of Bureau of Fire Services Inspection if applicable: 10/14/2021

Date of Health Authority Inspection if applicable: Not applicable

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 1  
No. of others interviewed [redacted] Role: [redacted]

- 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.  
Inspection completed virtually.
- 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 found to be in non-compliance with the following rules:

**R 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

Licensee designee, Paul Wyman did not complete 16 hours of annual training for 2021.

A corrective action plan was requested and approved on 01/27/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

1/27/2022

Date