



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 3, 2022

Stephanie Lisenko  
Brentwood at Niles  
1147 South Third Street  
Niles, MI 49120

RE: License #: AH110376315  
Brentwood at Niles  
1147 South Third Street  
Niles, MI 49120

Dear Ms. Lisenko:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged will be renewed once the license renewal fee is received.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event 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**

<b>License #:</b>	AH110376315
<b>Licensee Name:</b>	GAHC3 Niles MI ALF TRS Sub, LLC
<b>Licensee Address:</b>	Suite 300 1819 Von Karman Avenue Irvine, CA 92612
<b>Licensee Telephone #:</b>	(971) 204-7200
<b>Authorized Representative/Administrator:</b>	Stephanie Lisenko
<b>Name of Facility:</b>	Brentwood at Niles
<b>Facility Address:</b>	1147 South Third Street Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 684-9470
<b>Original Issuance Date:</b>	06/04/2015
<b>Capacity:</b>	80
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): No On-site Inspection – 2/3/2022

Date of Bureau of Fire Services Inspection if applicable: BFS – A 10/25/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 2/3/2022

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- 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:
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

Upon receipt of paid license renewal fee, I recommend issuance of the facility license.

*Julie Hiano*

2/3/2022

---

Licensing Consultant Date