



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 12, 2022

Paul Wyman  
Retirement Living Mgmt of Manistee  
1845 Birmingham SE  
Lowell, MI 49331

RE: License #: AM510385374  
**Green Acres of Manistee II**  
**1837 12th Street**  
**Manistee, MI 49660**

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM510385374
<b>Licensee Name:</b>	Retirement Living Mgmt of Manistee
<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>	Marsha Anderson
<b>Name of Facility:</b>	Green Acres of Manistee II
<b>Facility Address:</b>	1837 12th Street Manistee, MI 49660
<b>Facility Telephone #:</b>	(231) 723-1000
<b>Original Issuance Date:</b>	01/29/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/11/2022

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

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 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 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.
- 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.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



07/12/2022

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Rhonda Richards  
Licensing Consultant

Date