



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 19, 2022

Paul Wyman
Retirement Living Mgmt. of Mason LLC
1845 Birmingham SE
Lowell, MI 19331

RE: License #: AL330314460
Green Acres Mason
1027 E. Ash Street
Mason, MI 48854

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330314460

Licensee Name: Retirement Living Mgmt. of Mason LLC

Licensee Address: 1845 Birmingham SE
Lowell, MI 19331

Licensee Telephone #: (616) 897-8000

Licensee Designee: Paul Wyman, Designee

Administrator: Cheri Lynn Weaver

Name of Facility: Green Acres Mason

Facility Address: 1027 E. Ash Street
Mason, MI 48854

Facility Telephone #: (517) 676-1484

Original Issuance Date: 02/16/2012

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2022

Date of Bureau of Fire Services Inspection if applicable: 03/15/2022

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 8
No. of residents interviewed and/or observed 13
No. of others interviewed N/A 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:
06-25-2022 / MCL 400.734 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
The facility uses their own Assessment Plan for AFC Residents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.15306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Resident A is using a step2bed - bedside step stool bed climbing aid and bed assist rail (with no nylon cover for safety) without authorization in writing from a licensed physician.

A corrective action plan was requested and approved on 07/18/2022. 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.



07/19/2022

Rodney Gill
Licensing Consultant

Date