



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 10, 2022

Amanda Brenner
Chandler Pines, LLC
1435 Coit Ave NE
Grand Rapids, MI 49505

RE: License #: AS410411560
Chandler Pines Unit B
7555 Chandler Dr. NE
Belmont, MI 49306

Dear Ms. Brenner:

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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AS410411560

Licensee Name: Chandler Pines, LLC

Licensee Address: 1435 Coit Ave NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 745-4675

Licensee/Licensee Designee: Amanda Brenner, Designee

Administrator: Amanda Brenner

Name of Facility: Chandler Pines Unit B

Facility Address: 7555 Chandler Dr. NE
Belmont, MI 49306

Facility Telephone #: (616) 204-7598

Original Issuance Date: 05/18/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 11/07/2022

Date of Health Authority Inspection if applicable: 02/11/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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. No Special Cert.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain. N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: SIR 2023A0583004; R 400.14507 (2) 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. Exit Conference completed onsite with Licensee Designee Amanda Brenner.

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



11/10/2022

Toya Zylstra
Licensing Consultant

Date