



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 30, 2023

Paul Wyman  
Retirement Living Management of Standale, LLC  
1845 Birmingham S.E.  
Lowell, MI 49331

RE: License #:	AL700355094 Green Acres of Standale 11276 - 1st Ave. N.W. Grand Rapids, MI 49534
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Dear Mr. Wyman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL700355094
<b>Licensee Name:</b>	Retirement Living Management of Standale, LLC
<b>Licensee Address:</b>	1845 Birmingham S.E. Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 897-8000
<b>Licensee/Licensee Designee:</b>	Paul Wyman, Designee
<b>Administrator:</b>	Liam MacRitchie, Administrator
<b>Name of Facility:</b>	Green Acres of Standale
<b>Facility Address:</b>	11276 - 1st Ave. N.W. Grand Rapids, MI 49534
<b>Facility Telephone #:</b>	(616) 431-3021
<b>Original Issuance Date:</b>	07/28/2014
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2023

Date of Bureau of Fire Services Inspection if applicable: 01/04/2023, 03/07/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Admin. Liam MacRitchie

- 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 compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).



03/30/2023

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Elizabeth Elliott  
Licensing Consultant

Date