



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 19, 2023

Dustin Burritt  
Grand Vista Living, LLC  
295 Leonard Drive  
Coldwater, MI 49036

RE: License #: AL130389471  
**Grand Vista Of Marshall 2**  
**206 Winston Court**  
**Marshall, MI 49068**

Dear Mr. Burritt:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular license 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,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704

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

**I. IDENTIFYING INFORMATION**

**License#:** AL130389471

**Licensee Name:** Grand Vista Living, LLC

**Licensee Address:** 295 Leonard Drive  
Coldwater, MI 49036

**Licensee Telephone #:** (269) 248-6226

**Licensee/Licensee Designee:** Dustin Burritt

**Administrator:** Dustin Burritt

**Name of Facility:** Grand Vista Of Marshall 2

**Facility Address:** 206 Winston Court  
Marshall, MI 49068

**Facility Telephone #:** (269) 248-6226

**Original Issuance Date:** 11/26/2018

**Capacity:** 20

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/18/2023

Date of Bureau of Fire Services Inspection if applicable: 06/28/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 14

No. of others interviewed 1 Role: Licensee/Administrator

- 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. meals were not prepared at the time of 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.
- 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**

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

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

*Kevin L Sellers*

05/19/2023

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Kevin Sellers  
Licensing Consultant

Date