



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 13, 2023

Paul Wyman  
Retirement Living Management of Greenville  
1845 Birmingham SE  
Lowell, MI 49331

RE: License #: AL590337155  
**Green Acres-Supportive Care**  
**1603 Winter Creek Court**  
**Greenville, MI 48838**

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. Please submit either a discontinue order or verification the medication is included in the medication cart.*

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,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AL590337155

**Licensee Name:** Retirement Living Management of Greenville

**Licensee Address:** 1845 Birmingham SE  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000

**Licensee Designee:** Paul Wyman

**Administrator:** Jessica Suschil

**Name of Facility:** Green Acres-Supportive Care

**Facility Address:** 1603 Winter Creek Court  
Greenville, MI 48838

**Facility Telephone #:** (616) 754-8850

**Original Issuance Date:** 04/26/2013

**Capacity:** 20

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/11/2023

Date of Bureau of Fire Services Inspection if applicable: 6/15/2023

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 18

No. of others interviewed 1 Role: Administrator J. Suschil

- 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. There are no personal funds on-site.
- 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 found to be in non-compliance with the following rules:

**R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

Resident B did not have an updated Resident Care Agreement in their resident record for 2022.

**R 400.15312 Resident medications.**

**(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.**

Resident A's medication administration record (MAR) had three medications listed that were not available at the facility: Benzonatate 100 mg (prescribed 7/12/22), Hydrocort 2.5 Nyst (prescribed 3/23/22), Ondansetron 4 mg (prescribed 9/12/22). All three medications are prescribed as PRN and have not been administered in over six months however there was not an updated order to discontinue the medications if they were no longer needed.

A corrective action plan was requested and approved on 10/11/2023. 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.

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

10/13/2023

\_\_\_\_\_  
Date