



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 26, 2024

Paul Wyman
Retirement Living Management of Mt. Pleasant
1845 Birmingham S.E.
Lowell, MI 49331

RE: License #: AM370337354
Green Acres Mt. Pleasant II
1807 E. Remus Road
Mt. Pleasant, MI 48858

Dear Mr. Wyman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Upon closure of the current Special Investigation, your Adult Foster Care medium group home license will be 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,

A handwritten signature in cursive script that reads "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 #: AM370337354

Licensee Name: Retirement Living Management of Mt. Pleasant

Licensee Address: 1845 Birmingham S.E.
Lowell, MI 49331

Licensee Telephone #: (616) 897-8000

Licensee Designee: Paul Wyman

Administrator: Jill Gilbert

Name of Facility: Green Acres Mt. Pleasant II

Facility Address: 1807 E. Remus Road
Mt. Pleasant, MI 48858

Facility Telephone #: (989) 772-3456

Original Issuance Date: 08/14/2013

Capacity: 12

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/26/2024

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

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 12
No. of others interviewed [redacted] 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:
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.

IV. RECOMMENDATION

Contingent upon closure of the current Special Investigation, I recommend issuance of a regular license to this AFC adult medium group home (capacity 12).

Jennifer Browning

Jennifer Browning
Licensing Consultant

01/26/2024

Date