



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 23, 2024

Andrea Smith  
Covenant Village of the Great Lakes  
2520 Lake Michigan Dr. NW  
Grand Rapids, MI 49504-4696

RE: License #: AH410236771  
Covenant Village of the Great Lakes  
2520 Lake Michigan Dr. NW  
Grand Rapids, MI 49504-4696

Dear Licensee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Contingent upon receipt of the annual renewal fee, your license will be renewed. It will be valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410236771
<b>Licensee Name:</b>	Covenant Living of the Great Lakes
<b>Licensee Address:</b>	2520 Lake Michigan Dr. NW Grand Rapids, MI 49504
<b>Licensee Telephone #:</b>	(616) 735-4511
<b>Authorized Representative/</b>	Andrea Smith, Authorized Repr.
<b>Administrator/Licensee Designee:</b>	
<b>Name of Facility:</b>	Covenant Village of the Great Lakes
<b>Facility Address:</b>	2520 Lake Michigan Dr. NW Grand Rapids, MI 49504-4696
<b>Facility Telephone #:</b>	(616) 735-4541
<b>Original Issuance Date:</b>	12/11/2000
<b>Capacity:</b>	102
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2024

Date of Bureau of Fire Services Inspection if applicable: 07/06/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 04/23/2024

No. of staff interviewed and/or observed 16  
No. of residents interviewed and/or observed 29  
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services (BFS) reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 10 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

**IV. RECOMMENDATION**

Contingent upon receipt of the annual renewal fee, renewal of the license is recommended.



04/23/2024

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Date

Licensing Consultant