



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 1, 2024

Paul Wyman  
Retirement Living Management Of Ionia, L.L.C.  
1845 Birmingham SE  
Lowell, MI 49331

RE: License #: AL340390582  
**Green Acres of Ionia**  
**2550 Commerce Lane**  
**Ionia, MI 48846**

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. Your license is renewed. It 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 black ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL340390582
<b>Licensee Name:</b>	Retirement Living Management Of Ionia, L.L.C.
<b>Licensee Address:</b>	1845 Birmingham SE Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 897-8000
<b>Licensee/Licensee Designee:</b>	Paul Wyman
<b>Administrator:</b>	Caitlin Campbell
<b>Name of Facility:</b>	Green Acres of Ionia
<b>Facility Address:</b>	2550 Commerce Lane Ionia, MI 48846
<b>Facility Telephone #:</b>	(616) 527-3300
<b>Original Issuance Date:</b>	01/11/2018
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2024

Date of Bureau of Fire Services Inspection if applicable: 01/11/2024

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed Role:

- 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**

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).

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', is positioned above a horizontal line.

07/01/2024

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Amanda Blasius  
Licensing Consultant

Date