



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 19, 2024

Paul Wyman
Retirement Living Mgmt. of Mason LLC
1845 Birmingham SE
Lowell, MI 19331

RE: License #: AL330314460
Green Acres Mason
1027 E. Ash Street
Mason, MI 48854

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 Adult Foster Care large group home license are renewed. The 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,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
(517)449-6060

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

I. IDENTIFYING INFORMATION

License Number:	AL330314460
Licensee Name:	Retirement Living Mgmt. of Mason LLC
Licensee Address:	1845 Birmingham SE Lowell, MI 19331
Licensee Telephone #:	(616) 897-8000
Licensee Designee:	Paul Wyman
Administrator:	Erin Droscha
Name of Facility:	Green Acres Mason
Facility Address:	1027 E. Ash Street Mason, MI 48854
Facility Telephone #:	(517) 676-1484
Original Issuance Date:	02/16/2012
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2024

Date of Bureau of Fire Services Inspection if applicable: 03/11/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 13
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. The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license, capacity of 20.

Bridget Vermeesch

07/19/2024

Bridget Vermeesch
Licensing Consultant

Date