



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 30, 2024

Najib Moalin  
Ivy Lane Residence LLC  
4897 Grenadier Dr SW  
Wyoming, MI 49509

RE: License #: AS410417901  
**Ivy Lane Residence**  
**4897 Grenadier Dr SW**  
**Wyoming, MI 49509**

Dear Mr. Moalin:

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 small group home license and special certification are renewed. The temporary license and special certification 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410417901
<b>Licensee Name:</b>	Ivy Lane Residence LLC
<b>Licensee Address:</b>	4897 Grenadier Dr SW Wyoming, MI 49509
<b>Licensee Telephone #:</b>	(612) 232-5643
<b>Licensee/Licensee Designee:</b>	Najib Moalin, Designee
<b>Administrator:</b>	Najib Moalin
<b>Name of Facility:</b>	Ivy Lane Residence
<b>Facility Address:</b>	4897 Grenadier Dr SW Wyoming, MI 49509
<b>Facility Telephone #:</b>	(612) 232-5643
<b>Original Issuance Date:</b>	02/13/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Manager

- 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.  
It was not meal time when I was there.
- 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 Licensee Designee/Administrator, Najib Moalin, was present for the renewal inspection and he agreed with my findings.

The facility is in compliance with all applicable rules and statutes.
---

### IV. RECOMMENDATION

I recommend issuance of a regular 2-year license and special certification to this AFC adult small group home capacity 3.

*Arlene B. Smith*

08/30/2024

---

Arlene B. Smith  
Licensing Consultant

Date