



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 30, 2024

Paul Wyman  
Retirement Living Management of Standale, LLC  
1845 Birmingham S.E.  
Lowell, MI 49331

RE: License #:	AL700378371 Green Acres of Standale II 11278 - 1st Ave. NW Grand Rapids, MI 49534
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Dear Mr. Wyman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL700378371
<b>Licensee Name:</b>	Retirement Living Management of Standale, LLC
<b>Licensee Address:</b>	1845 Birmingham S.E. Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 897-8000
<b>Licensee/Licensee Designee:</b>	Paul Wyman, Designee
<b>Administrator:</b>	Liam MacRitchie, Administrator
<b>Name of Facility:</b>	Green Acres of Standale II
<b>Facility Address:</b>	11278 - 1st Ave. NW Grand Rapids, MI 49534
<b>Facility Telephone #:</b>	(616) 431-3021
<b>Original Issuance Date:</b>	04/04/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2024

Date of Bureau of Fire Services Inspection if applicable: 12/08/2023, 02/08/2024

Date of Health Authority Inspection if applicable: 09/26/2024

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: L. MacRitchie, Admin.

- 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 ☐  
Variance documentation is located in the Original Licensing file for this facility (304.1.b).

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

I conducted an exit conference with Kelly Nelson, Regional Consultant, as approved by Paul Wyman, Licensee Designee and informed her that the facility was in compliance with AFC rules and the license for this facility would be renewed.

#### **IV. RECOMMENDATION**

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

A handwritten signature in cursive script that reads "Elizabeth Elliott".

09/30/2024

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Elizabeth Elliott  
Licensing Consultant

Date