



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 10, 2024

Paul Wyman
Retirement Living Management of Wayland LLC
1845 Birmingham
Lowell, MI 49331

RE: License #: AL030389307
Green Acres of Wayland II
268 Kay Lane
Wayland, MI 49348

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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AL030389307

Licensee Name: Retirement Living Management of Wayland LLC

Licensee Address: 1845 Birmingham
Lowell, MI 49331

Licensee Telephone #: (616) 897-8000

Licensee/Licensee Designee: Paul Wyman

Administrator: Debra James

Name of Facility: Green Acres of Wayland II

Facility Address: 268 Kay Lane
Wayland, MI 49348

Facility Telephone #: (269) 792-1500

Original Issuance Date: 04/11/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2024

Date of Bureau of Fire Services Inspection if applicable: 11/27/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

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

On 10/10/2024, an onsite inspection was completed at the facility. An exit conference was conducted, and 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 20).



10/10/2024

Megan Aukerman
Licensing Consultant

Date