

January 10, 2025

Samantha Thelen  
Grandhaven Living Center LLC  
Suite 200  
3196 Kraft Avenue SE  
Grand Rapids, MI 49512

RE: License #: AL330237775  
**Grandhaven Living Center 2 (Pier)**  
**3145 W Mt Hope Avenue**  
**Lansing, MI 48911**

Dear Ms. Thelen:

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,

*Bridget Vermeesch*

Bridget Vermeesch, 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>	AL330237775
<b>Licensee Name:</b>	Grandhaven Living Center LLC
<b>Licensee Address:</b>	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(517) 420-3898
<b>Licensee/Licensee Designee:</b>	Samantha Thelen
<b>Administrator:</b>	Sheila Ward
<b>Name of Facility:</b>	Grandhaven Living Center 2 (Pier)
<b>Facility Address:</b>	3145 W Mt Hope Avenue Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 485-5966
<b>Original Issuance Date:</b>	02/12/2002
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2025

Date of Bureau of Fire Services Inspection if applicable: 02/14/2024, 02/15/2023

Date of Health Authority Inspection if applicable: N/A; Public Water and Sewer

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Executive Director

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents in care at the time of renewal
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents in care at the time of renewal
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents in care at the time of renewal
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents in care at the time of renewal
- 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.  
No residents in care at the time of renewal
- 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 2-year regular adult foster care license, capacity of 20.

*Bridget Vermeesch*

01/10/2025

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Bridget Vermeesch  
Licensing Consultant

Date