



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 2, 2025

Paul Wyman  
Retirement Living Management of Mt. Pleasant  
1845 Birmingham S.E.  
Lowell, MI 49331

RE: License #: AL370379057  
**Green Acres of Mt. Pleasant III**  
**1811 E. Remus Road**  
**Mt. Pleasant, MI 48858**

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL370379057
<b>Licensee Name:</b>	Retirement Living Management of Mt. Pleasant
<b>Licensee Address:</b>	1845 Birmingham S.E. Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 897-8000
<b>Licensee Designee:</b>	Paul Wyman
<b>Administrator:</b>	Jill David
<b>Name of Facility:</b>	Green Acres of Mt. Pleasant III
<b>Facility Address:</b>	1811 E. Remus Road Mt. Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 772-3456
<b>Original Issuance Date:</b>	07/29/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/02/2025

Date of Bureau of Fire Services Inspection if applicable: 02/09/2024

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 18  
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 ☐  
al410(1) al410(1)(c) al410(1)(d) al410(5) were all granted on 7/20/2016, however, only 410.5 appears to be needed at this time.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

01/02/2025

Date