



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 10, 2025

Kentucky Avenue Opco LLC  
Suite 200  
7297 Nemco Way  
Brighton, MI 48116

RE: License #: AL800414606  
River Ridge Retirement Village  
706 Kentucky Avenue  
South Haven, MI 49090

Dear Licensee Designee:

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL800414606
<b>Licensee Name:</b>	Kentucky Avenue Opco LLC
<b>Licensee Address:</b>	4500 Dorr Street Toledo, OH 43615
<b>Licensee Telephone #:</b>	(419) 247-2800
<b>Licensee/Licensee Designee:</b>	Martila Sanders
<b>Administrator:</b>	Audrey Hernandez
<b>Name of Facility:</b>	River Ridge Retirement Village
<b>Facility Address:</b>	706 Kentucky Avenue South Haven, MI 49090
<b>Facility Telephone #:</b>	(269) 639-7310
<b>Original Issuance Date:</b>	07/26/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/2025

Date of Bureau of Fire Services Inspection if applicable: 09/09/2024 A-Rating

Date of Health Authority Inspection if applicable: 07/01/2024 A-Rating

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- 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 approved to use alternative Funds I and II forms.

### 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 13-20).



3/5/25

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Kristy Duda  
Licensing Consultant

Date