



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 5, 2025

Diana Billow
AHR Northview Grand Rapids MI TRS Sub, LLC
Ste. 300
18191 Von Karman Ave.
Irvine, CA 92612

RE: License #: AL410418383
The Cortland Terrace Cove
3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Dear Ms. Billow:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 356-0100.

Sincerely,

Arlene Smith
Arlene Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AL410418383

Licensee Name: AHR Northview Grand Rapids MI TRS Sub, LLC

Licensee Address: Ste. 300
18191 Von Karman Ave.
Irvine, CA 92612

Licensee Telephone #: (810) 923-4742

Licensee/Licensee Designee: Diana Billow

Administrator: Diana Billow

Name of Facility: The Cortland Terrace Cove

Facility Address: 3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Facility Telephone #: (616) 207-4140

Original Issuance Date: 09/27/2024

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2025

Date of Bureau of Fire Services Inspection if applicable: 07/30/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
There are no residents residing in this facility.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
There are no residents residing in this facility.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. There are no residents residing in this facility.
- Meal preparation / service observed? Yes No If no, explain.
There are no residents residing in this facility.
- Fire drills reviewed? Yes No If no, explain.
There are no residents residing in this facility.
- 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.
There are no residents residing in this facility.
- 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

This facility was found to be in non-compliance with the following rules:

MCL 400.717 Provisional license

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

Finding: The facility was issued a temporary license on 09/27/2024. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care. On 04/22/2025, an onsite inspection was completed at the facility.

Exit Conference: Licensee Diana Billow was informed that a provisional licensee would be issued. Ms. Billow stated that she understood the reasons for a provisional license.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Arlene Smith

05/05/2025

Arlene Smith
Licensing Consultant

Date