



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 12, 2025

Carol DelRosa  
Grandhaven Living Center LLC  
Suite 200  
3196 Kraft Avenue SE  
Grand Rapids, MI 49512

RE: License #: AL330237781  
**Grandhaven Living Center 4- Boardwalk**  
**3155 W. Mount Hope Avenue**  
**Lansing, MI 48911**

Dear Ms. DelRosa:

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) 335-5985.

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>	AL330237781
<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 Designee:</b>	Carol DelRaso
<b>Administrator:</b>	Maria Jonzun
<b>Name of Facility:</b>	Grandhaven Living Center 4- Boardwalk
<b>Facility Address:</b>	3155 W. Mount Hope Avenue Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 485-5966
<b>Original Issuance Date:</b>	02/14/2002
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/12/2025

Date of Bureau of Fire Services Inspection if applicable: 02/18/2025, 03/03/2025

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No Residents In Care
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No Residents In Care
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No Residents In Care
- Meal preparation / service observed? Yes ☒ No ☒ If no, explain.  
No Residents In Care
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.  
No Residents In Care
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
No Residents In Care
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No Residents In Care
- 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*

06/12/2025

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Bridget Vermeesch  
Licensing Consultant

Date