



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 25, 2025

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

RE: License #: AL410418384  
**The Cortland Terrace Harbor**  
**3740 Vista Springs Ave NE**  
**Grand Rapids, MI 49525**

Dear Ms. Billow:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license 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 (616) 356-0100.

Sincerely,

*Arlene B. Smith*

Arlene B. Smith, MSW, 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 #:** AL410418384

**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, Designee

**Administrator:** Diana Billow

**Name of Facility:** The Cortland Terrace Harbor

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

**Facility Telephone #:** (616) 364-4690

**Original Issuance Date:** 09/27/2024

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/24/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee

- 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. They do not manage any resident monies.
- Meal preparation / service observed? Yes  No  If no, explain. No there at meal time.
- 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. They do not have any incident reports at the time of the inspection.
- 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 determined to be in substantial compliance with rules and requirements. The Licensee was at the renewal inspection and agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend the issuance, of a 2-year regular adult foster care license.

*Arlene B. Smith*

09/25/2025

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Arlene B. Smith  
Licensing Consultant

Date