



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2025

Susan Griswold  
17600 W. River Drive  
Morley, MI 49336

RE: License #: AF540339557  
**River View**  
**17600 W. River Drive**  
**Morley, MI 49336**

Dear Susan Griswold:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- *You are to submit documentation of compliance.*
  - *Please send pictures of Resident ID form, Health Care Appraisal for Resident B and a picture of the laundry vented.*
  - Please make sure you submit the application and fee for the renewal as soon as possible since we cannot renew the license unless that is submitted.

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,

A handwritten signature in black ink 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**

**License #:** AF540339557

**Licensee Name:** Susan Griswold

**Licensee Address:** 17600 W. River Drive  
Morley, MI 49336

**Licensee Telephone #:** (231) 856-7621

**Name of Facility:** River View

**Facility Address:** 17600 W. River Drive  
Morley, MI 49336

**Facility Telephone #:** (231) 307-3087

**Original Issuance Date:** 06/27/2013

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/05/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 08/19/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

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. There were no personal funds on-site.
- Meal preparation / service observed? Yes  No  If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 400.611</b>	<b>Required information; fee; posting of license; change of information.</b>
	<b>(2) A license fee must accompany an initial license or renewal application.</b>
The renewal application and fee has not been received at this time. Please submit this as soon as possible since this is required before the license can be renewed.	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</b>
Resident B's resident record did not include a Health Care Appraisal.	
<b>R 400.691</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</p> <ul style="list-style-type: none"> <li>(a) Personal information including all of the following: <ul style="list-style-type: none"> <li>(i) Resident's full name.</li> <li>(ii) Social Security number.</li> <li>(iii) Date of birth.</li> <li>(iv) Marital status.</li> <li>(v) Veteran's status.</li> <li>(vi) Gender identity.</li> <li>(vii) Former address.</li> <li>(viii) Name, address, and contact information of identified contact or designated representative.</li> <li>(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.</li> <li>(x) Funeral provisions, preferences, and contact information.</li> </ul> </li> </ul>

	(xi) Resident's religious preference.
Both Resident A and Resident B's resident record did not include the Resident ID form.	
<b>R 400.729</b>	<b>Heating equipment.</b>
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.
The clothing dryer was not properly vented to the outside because there was a sock attached to the end inside the closet.	

A corrective action plan was requested and approved on 12/05/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Once the application and renewal fee are received, renewal of the license is recommended.

  
 \_\_\_\_\_ 12/05/2025 \_\_\_\_\_  
 Jennifer Browning Date  
 Licensing Consultant