



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 29, 2025

Paul Wyman  
Retirement Living Management of Wayland LLC  
1845 Birmingham  
Lowell, MI 49331

RE: License #: AL030366248  
Green Acres of Wayland  
298 Kay Lane  
Wayland, MI 48858

Dear Mr. Wyman:

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 (616) 356-0100.

Sincerely,  
**Megan Leavitt, LMSW**  
Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

**License #:** AL030366248

**Licensee Name:** Retirement Living Management of Wayland LLC

**Licensee Address:** 1845 Birmingham  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000

**Licensee/Licensee Designee:** Paul Wyman, Designee

**Administrator:** Debra James

**Name of Facility:** Green Acres of Wayland

**Facility Address:** 298 Kay Lane  
Wayland, MI 48858

**Facility Telephone #:** (269) 792-1500

**Original Issuance Date:** 07/15/2015

**Capacity:** 20

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2025

Date of Bureau of Fire Services Inspection if applicable: 10/16/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

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.
- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 11/20/2025, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

Megan Leavitt, LMSW

12/29/2025

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Megan Aukerman  
Licensing Consultant

Date