



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 6, 2026

Shelby Mack
Grace Haven Senior Living LLC
7915 E 16 Rd
MANTON, MI 49663

RE: License #: AL830419729
Grace Haven Senior Living LLC
5191 N 41 1/2 Rd
Manton, MI 49663

Dear Shelby Mack:

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,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AL830419729

Licensee Name: Grace Haven Senior Living LLC

Licensee Address: 7915 E 16 Rd
MANTON, MI 49663

Licensee Telephone #: (231) 824-7770

Licensee Designee: Shelby Mack

Administrator: Shelby Mack

Name of Facility: Grace Haven Senior Living LLC

Facility Address: 5191 N 41 1/2 Rd
Manton, MI 49663

Facility Telephone #: (231) 824-7770

Original Issuance Date: 08/28/2025

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026
Date of Bureau of Fire Services Inspection if applicable: 08/21/2025
Date of Health Authority Inspection if applicable: 07/30/2025
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 12
No. of others interviewed 0 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

This facility was determined to be in substantial compliance with rules and requirements.

On February 5, 2026, I conducted an exit conference with Licensee Designee Shelby Mack. I explained my finding as noted above. Ms. Mack noted that she understood the finding, that she had no additional information to provide, nor any questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

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

 February 6, 2026

Bruce A. Messer
Licensing Consultant

Date