



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 25, 2026

Brian Nitz
Leisure Living Management of Coopersville
640 West Randall
Coopersville, MI 49404

RE: License #: AL700070219
FV Ret Vill Of Coopersville #1
620 W Randall Street
Coopersville, MI 49404

Dear Mr. Nitz:

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 "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AL700070219

Licensee Name: Leisure Living Management of Coopersville

Licensee Address: 640 West Randall
Coopersville, MI 49404

Licensee Telephone #: (616) 588-9131

Licensee/Licensee Designee: Brian Nitz

Administrator: Tara Frazier

Name of Facility: FV Ret Vill Of Coopersville #1

Facility Address: 620 W Randall Street
Coopersville, MI 49404

Facility Telephone #: (616) 997-9253

Original Issuance Date: 11/25/1996

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2026

Date of Bureau of Fire Services Inspection if applicable: 03/19/2026

Date of Health Authority Inspection if applicable: 03/24/2026

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

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

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

IV. RECOMMENDATION

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

 March 25, 2026

Rebecca Piccard
Licensing Consultant

Date