GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 28, 2026

Angela Hall
Hallstrom Castle Assisted Living, LLC
5638 Holton Rd
Twin Lake, MI 49457

RE: License #:	AL610395597 Hallstrom Castle Assisted Living 5638 Holton Rd Twin Lake, MI 49457

Dear Ms. Hall:

Attached is the Licensing Study Report for the above-mentioned 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,

Elizabeth Elliott

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AL610395597
Licensee Name:	Hallstrom Castle Assisted Living, LLC
Licensee Address:	5638 Holton Rd Twin Lake, MI 49457
Licensee Telephone #:	(231) 828-4664
Licensee/Licensee Designee:	Angela Hall
Administrator:	Angela Hall
Name of Facility:	Hallstrom Castle Assisted Living
Facility Address:	5638 Holton Rd Twin Lake, MI 49457
Facility Telephone #:	(231) 828-4664
Original Issuance Date:	03/09/2020
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/03/2026

Date of Bureau of Fire Services Inspection if applicable: 04/13/2026, 05/13/2026

Date of Health Authority Inspection if applicable: 06/22/2026

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed
No. of others interviewed 1 Role: LD, Angela Hall

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. At the time of the inspection, medications were not being administered so an inspection of the resident medications and MAR (medication administration record) was completed.
- 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? A review of the Workforce Background Check website was conducted with LD, Angela Hall 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 regular license to this AFC adult large group home (capacity 20).



09/28/2026

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Elizabeth Elliott Date
Licensing Consultant