



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 30, 2025

Diana Billow and Lynda Sallee  
AHR Northview Grand Rapids MI TRS Sub, LLC  
Ste. 300  
18191 Von Karman Ave.  
Irvine, CA 92612

RE: License #: AL410418383  
The Cortland Terrace Cove  
3740 Vista Springs Ave NE  
Grand Rapids, MI 49525

Dear Ms. Billow and Ms. Sallee:

As a result of the home not having admitted any residents during the first provisional license period, a second six-month provisional license is recommended. If you do not contest the issuance of a second provisional license, you must indicate this in writing. This may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor, 350 Ottawa, N.W., Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410418383

**Licensee Name:** AHR Northview Grand Rapids MI TRS Sub, LLC

**Licensee Address:** Ste. 300  
18191 Von Karman Ave.  
Irvine, CA 92612

**Licensee Telephone #:** (810) 923-4742

**Licensee/Licensee Designee:** Diana Billow, Designee  
Lynda Sallee, Designee

**Administrator:** Diana Billow

**Name of Facility:** The Cortland Terrace Cove

**Facility Address:** 3740 Vista Springs Ave NE  
Grand Rapids, MI 49525

**Facility Telephone #:** (616) 207-4140

**Original Issuance Date:** 09/27/2024

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/24/2025

Date of Bureau of Fire Services Inspection if applicable: 07/30/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0  
No. of residents interviewed and/or observed 0  
No. of others interviewed 2 Role: Licensee Designees

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There are no residents in this facility.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There are no residents in this facility.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. There are no residents residing in this facility.
- Meal preparation / service observed? Yes  No  If no, explain.  
There are no residents in this facility.
- Fire drills reviewed? Yes  No  If no, explain.  
There are no residents in this facility.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
There are no residents in this facility.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
There are no residents in this facility.
- Incident report follow-up? Yes  No  If no, explain.  
There are no residents in this facility.
- 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:

**MCL 400.717**

**Provisional license**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

**Findings:** The facility was issued a temporary license on 09/27/2024. Upon inspection on 04/22/2025 there were no residents in the facility. A 1<sup>st</sup> Provisional License was issued on 03/27/2025. Upon inspection on 09/24/2025, there had still been no residents admitted to the facility since the 1<sup>st</sup> Provisional License was issued. Therefore, I was unable to determine compliance with quality of care. On 09/24/2025, an onsite inspection was completed at the facility.

**Exit conference:** Licensee Designee Diana Billow, and Lynda Sallee were informed that a 2<sup>nd</sup>. Provisional License would be issued. Ms. Billow and Ms. Sallee both stated that she understood the reasons for a 2<sup>nd</sup>. Provisional License.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Arlene B. Smith*

09/30/2025

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Arlene Smith  
Licensing Consultant

Date