



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 27, 2017

Teresa Fowler
Meridian Senior Living
Suite 220
PO Box 120143
Grand Rapids, MI 49528-0143

RE: License #:	AL410092341 Alzheimer's Center of W Mi #8 3948 Whispering Way, SE Grand Rapids, MI 49546-5804
----------------	--

Dear Mrs. Fowler:

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,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
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 #:	AL410092341
Licensee Name:	Meridian Senior Living
Licensee Address:	Suite 220 PO Box 120143 Grand Rapids, MI 49528-0143
Licensee Telephone #:	(616) 949-9500
Licensee/Licensee Designee:	Teresa Fowler, Designee
Administrator:	Lucijana Tomic, Administrator
Name of Facility:	Alzheimer's Center of W MI #8
Facility Address:	3948 Whispering Way, SE Grand Rapids, MI 49546-5804
Facility Telephone #:	(616) 949-9500
Original Issuance Date:	12/01/2000
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2017

Date of Bureau of Fire Services Inspection if applicable: 07/13/2017

Date of Health Authority Inspection if applicable: 07/26/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
No. of others interviewed 3 Role: Adm., 2 facility nurse

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
A review of resident medications along with the electronic MAR.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. Facility does not handle any resident funds but
Resident Funds I & II forms on file at the facility.
- Meal preparation / service observed? Yes No If no, explain.
Meal just completed, clean up going on while inspection of facility was
conducted. An inspection of the pod kitchenettes was conducted.
- 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:
315.3, resident funds II forms in all resident files even though no funds handled
at facility. N/A
- Number of excluded employees followed-up? follow up completed as the
exclusions come in-employees on duty at the facility are approved DCW's. N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



07/27/2017

Elizabeth Elliott
Licensing Consultant

Date