



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 14, 2018

Lauren Reenders  
Seminole Shores Assisted Living Center  
850 Seminole Road  
Muskegon, MI 49441-3430

RE: License #: AH610255010  
Seminole Shores Assisted Living Center  
850 Seminole Road  
Muskegon, MI 49441-3430

Dear Ms. Reenders:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH610255010
<b>Licensee Name:</b>	Seminole Shores Operating Company
<b>Licensee Address:</b>	950 Taylor Avenue Grand Haven, MI 49417
<b>Licensee Telephone #:</b>	(616) 842-2425
<b>Authorized Representative:</b>	Lauren Reenders
<b>Administrator:</b>	Judi Delis
<b>Name of Facility:</b>	Seminole Shores Assisted Living Center
<b>Facility Address:</b>	850 Seminole Road Muskegon, MI 49441-3430
<b>Facility Telephone #:</b>	(231) 780-2944
<b>Original Issuance Date:</b>	07/24/2003
<b>Capacity:</b>	129
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/13/2018

Date of Bureau of Fire Services Inspection if applicable: 5/22/18

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/14/18

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 56

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 2/13/18 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: CAP date 1/2/18 rule 1932(1) Statement of Correction received on 1/3/18 and CAP date 12/14/17 rules 20201(1)1922(5) Statement of Correction received 1/18/18
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

I recommend the status of the license remain unchanged. A renewal license was issued.



6/14/18

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Date

Licensing Consultant