



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 24, 2019

Reynaert, Lori AND Maynard, Michelle
1445 W Nielson Rd
Sanford, MI 48657

RE: License #: AL560390137
Meridian Acres #1
2905 N. Meridian Rd
Sanford, MI 48657

Dear Reynaert, Lori AND Maynard, Michelle:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #: AL560390137

Licensee Name: Reynaert, Lori AND Maynard, Michelle

Licensee Address: 1445 W Nielson Rd
Sanford, MI 48657

Licensee Telephone #: (989) 859-6301

Licensee/Licensee Designee: N/A

Administrator: Michelle Maynard

Name of Facility: Meridian Acres #1

Facility Address: 2905 N. Meridian Rd
Sanford, MI 48657

Facility Telephone #: (989) 423-1400

Original Issuance Date: 11/26/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/21/2019

Date of Bureau of Fire Services Inspection if applicable: 05/06/2019

Date of Health Authority Inspection if applicable: 05/21/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10+
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.



05/24/2019

Anthony Humphrey
Licensing Consultant

Date