



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 27, 2021

Nicole Maag  
Porter Hills Presbyterian Village, Inc.  
4450 Cascade SE Suite200  
Grand Rapids, MI 49546-8330

RE: License #: AL410384909  
Meadowlark Retirement Village B  
65 Ida Red  
Sparta, MI 49345

Dear Mrs. Maag:

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) 356-0183.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410384909

**Licensee Name:** Porter Hills Presbyterian Village, Inc.

**Licensee Address:** 4450 Cascade SE Suite200  
Grand Rapids, MI 49546-8330

**Licensee Telephone #:** (616) 887-8891

**Licensee/Licensee Designee:** Nicole Maag

**Administrator:** Bruce Lyon

**Name of Facility:** Meadowlark Retirement Village B

**Facility Address:** 65 Ida Red  
Sparta, MI 49345

**Facility Telephone #:** (616) 887-8891

**Original Issuance Date:** 02/21/2017

**Capacity:** 20

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/27/2021

Date of Bureau of Fire Services Inspection if applicable: 02/11/2021

Date of Health Authority Inspection if applicable: 08/27/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 3  
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. The facility does not manage resident funds.
- 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

On 08/27/2021, an onsite inspection was completed at the facility. An exit conference was completed with Lisa Lea and the 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).



08/27/2021

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Megan Aukerman  
Licensing Consultant

Date