



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 15, 2021

Lauren Gowman  
Sheldon Meadows Assisted Living Center  
4482 Port Sheldon  
Hudsonville, MI 49426

RE: License #: AH700236945  
Sheldon Meadows Assisted Living Center  
4482 Port Sheldon  
Hudsonville, MI 49426

Dear Mrs. Gowman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules; and an approved firing rating has been received. Your license is now renewed until 7/30/2022. 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH700236945
<b>Licensee Name:</b>	Sheldon Meadows Living Ctr. LLC
<b>Licensee Address:</b>	950 Taylor Ave. Grand Haven, MI 49417
<b>Licensee Telephone #:</b>	(616) 662-8191
<b>Authorized Representative:</b>	Lauren Gowman
<b>Administrator/Licensee Designee:</b>	Annie Kaiser
<b>Name of Facility:</b>	Sheldon Meadows Assisted Living Center
<b>Facility Address:</b>	4482 Port Sheldon Hudsonville, MI 49426
<b>Facility Telephone #:</b>	(616) 662-8191
<b>Original Issuance Date:</b>	02/01/1998
<b>Capacity:</b>	129
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/11/2021

Date of Bureau of Fire Services Inspection if applicable: BFS A - 11/15/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 8/11/2021

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 21

No. of others interviewed 0 Role N/A

- 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. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

An approved fire safety rating was received 11/15/2021, so renewal of the license is recommended.

*Julie Hiano*

11/15/2021

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Date

Licensing Consultant