

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 28, 2022

Lauren Gowman Appledorn Assisted Living Center

RE: License #: AH700236753

Appledorn Assisted Living Center

727 Apple Avenue Holland, MI 49423

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. However, the license cannot be renewed until an approved BFS rating is received. There is no current BFS rating on file.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event 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,

Julie Viviano, Licensing Staff

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

July hnano

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

License #:	AH700236753	
2.00.100 //	7.111 00200100	
Licensee Name:	Appledorn Living Center LLC	
Licensee Address:	950 Taylor Ave.	
	Grand Haven, MI 49417	
Licensee Telephone #:	(616) 842-2425	
Authorized Representative:	Lauren Gowman	
Administrator/Licensee Designee:	Jason Bucher	
Name of Facility:	Appledorn Assisted Living Center	
	707 A	
Facility Address:	727 Apple Avenue	
	Holland, MI 49423	
Facility Telephone #:	(616) 392-4650	
Tuenty Telephone #.	(010) 032-4000	
Original Issuance Date:	03/01/2000	
Capacity:	174	
•		
Program Type:	ALZHEIMERS	
	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection	n(s): 04/27/2022		
Date of Bureau of Fire Se	rvices Inspection if applicable: N	lo current BFS on file.	
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference:	04/27/2022		
No. of staff interviewed ar No. of residents interview No. of others interviewed	ed and/or observed	16 47	
Medication pass / sin	nulated 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. 			
Reviewed disaster pl	Yes ☐ No ☒ If no, explain. ans and interviewed staff on poli checked? Yes ☒ No ☐ If no,		
Corrective action plan	n compliance verified? Yes 🗌 (A ⊠ CAP date/s and rule/s: N/A N/A ⊠	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes, however, there is no approved BFS rating on file.

IV. RECOMMENDATION

Upon receipt of an approved BFS rating, I recommend issuance of a regular license to this AFC homes for the aged.

July hnano	4/28/2022
Licensing Consultant	Date