



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 12, 2022

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. Your license is renewed until 7/30/2023. 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 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

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/12/2022 – No On-Site Renewal

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: 7/12/2022

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Marino

7/12/2022

Licensing Consultant

Date