



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 12, 2022

Brenda Kirtley  
Meadows by the Lake Inc.  
PO Box 213  
Stanton, MI 48888

RE: License #: AL590404706  
**Meadows by the Lake**  
**904 Oak Drive**  
**Greenville, MI 48838**

Dear Ms. Kirtley:

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) 284-9730.

Sincerely,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AL590404706

**Licensee Name:** Meadows by the Lake Inc.

**Licensee Address:** 731 S. Nevins Road  
Stanton, MI 48888

**Licensee Telephone #:** (616) 894-8198

**Licensee Designee:** Brenda Kirtley

**Administrator:** Brenda Kirtley

**Name of Facility:** Meadows by the Lake

**Facility Address:** 904 Oak Drive  
Greenville, MI 48838

**Facility Telephone #:** (616) 894-8198

**Original Issuance Date:** 09/24/2021

**Capacity:** 16

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2022

Date of Bureau of Fire Services Inspection if applicable: 09/02/2021

Date of Health Authority Inspection if applicable: 10/09/2020

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 14  
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. Ms. Kirtley did not currently have any funds that she is managing for a resident.
- 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.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

3/12/2022

\_\_\_\_\_ Date