

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 5, 2023

Sara Dickendesher Senior Living Meadow Lane, LLC 7927 Nemco Way, Ste 200 Brighton, MI 48116

RE: License #: AH320406216

Meadow Lane Assisted Living & Memory Care

150 Meadow Lane Bad Axe, MI 48413

Dear Ms. Dickendesher:

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 review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

#### I. IDENTIFYING INFORMATION

License #:	AH320406216	
Licensee Name:	Senior Living Meadow Lane, LLC	
Licensee Address:	7927 Nemco Way, Ste 200	
	Brighton, MI 48116	
Licensee Telephone #:		
Authorized Representative:	Sara Dickendesher	
/ tatrorized Representative:	Cara Diskondonisi	
Administrator:	Jessica Gottschalk	
Name of Facility:	Meadow Lane Assisted Living & Memory	
	Care	
Eacility Address:	150 Meadow Lane	
Facility Address:	Bad Axe, MI 48413	
	Baa 7 (XC), 1911 - 104 10	
Facility Telephone #:	(989) 269-8890	
Original Issuance Date:	01/04/2023	
Capacity:	64	
B	ACER	
Program Type:	AGED	
	ALZHEIMERS	

### **II. METHODS OF INSPECTION**

Date of On-site Inspection	(s): 06/30/2023		
Date of Bureau of Fire Services Inspection if applicable:		06/09/2023	
Inspection Type:	☐Interview and Observation	⊠Worksheet	
	Combination		
Date of Exit Conference: 06/30/2023			
No. of staff interviewed an No. of residents interviewed No. of others interviewed		5 40	
Medication pass / sim	ulated pass observed? Yes 🖂	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes   No □ If no, explain.</li> </ul>			
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes \( \scale \) No \( \scale \) If no, explain. Facility does not maintain resident funds</li> <li>Meal preparation / service observed? Yes \( \scale \) No \( \scale \) If no, explain.</li> </ul>			
Fire drills reviewed? Yes ⊠ No ☐ If no, explain.			
Water temperatures checked? Yes ⊠ No □ If no, explain.			
<ul> <li>Incident report follow-up? Yes ☐ IR date/s: N/A ☐</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☐</li> <li>Number of excluded employees followed up? N/A ☐</li> </ul>			

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

Renewal of the license is recommended.

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

#### IV. RECOMMENDATION

Daron L. Clum	7/05/2023
Licensing Consultant	Date