



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 27, 2023

Carol DelRaso
Senior Living Woodlawn, LLC
7927 Nemco Way, Ste 200
Brighton, MI 48816

RE: License #: AL080413175
Woodlawn Meadows Assisted Living
1821 N. East
Hastings, MI 49058

Dear Mrs. DelRaso:

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,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AL080413175

Licensee Name: Senior Living Woodlawn, LLC

Licensee Address: 7927 Nemco Way, Ste 200
Brighton, MI 48816

Licensee Telephone #: (269) 948-4921

Licensee/Licensee Designee: Carol DelRaso

Administrator: Allison Wakeman

Name of Facility: Woodlawn Meadows Assisted Living

Facility Address: 1821 N. East
Hastings, MI 49058

Facility Telephone #: (269) 948-4921

Original Issuance Date: 01/23/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/29/2023

Date of Bureau of Fire Services Inspection if applicable: 12/22/2022

Date of Health Authority Inspection if applicable: 12/6/2022

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role: 0

- 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.
- 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 temporary license to this AFC adult large group home (capacity 13-20).



Ondrea Johnson
Licensing Consultant

6/27/2023
Date