



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 18, 2023

Nicole Maag
Porter Hills Presbyterian Village, Inc.
4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

RE: License #: AL410384909
Meadowlark Retirement Village B
65 Ida Red
Sparta, MI 49345

Dear Mrs. Maag:

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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AL410384909

Licensee Name: Porter Hills Presbyterian Village, Inc.

Licensee Address: 4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

Licensee Telephone #: (616) 378-6475

Licensee/Licensee Designee: Nicole Maag

Administrator: Lisa Lea

Name of Facility: Meadowlark Retirement Village B

Facility Address: 65 Ida Red
Sparta, MI 49345

Facility Telephone #: (616) 887-8891

Original Issuance Date: 02/21/2017

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2023

Date of Bureau of Fire Services Inspection if applicable: 01/09/2023

Date of Health Authority Inspection if applicable: 08/17/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

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.
- 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

On 08/17/2023, an onsite inspection was completed at the facility. An exit conference was conducted and the 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.

Megan Aukerman, MSW

08/18/2023

Megan Aukerman
Licensing Consultant

Date