



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 14, 2023

Lauren Gowman
Appledorn ALC North
411 Ida Red Pkwy
Holland, MI 49423

RE: License #: AH700357088
Appledorn ALC North
411 Ida Red Pkwy
Holland, MI 49423

Dear Lauren Gowman:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month regular license is effective until 7/31/2024. It is valid only at the address listed and is not transferable.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License License #:	AH700357088
Licensee Name:	Appledorn Assisted Living Center II, LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 846-4700
Authorized Representative:	Lauren Gowman
Administrator/Licensee Designee:	Annie Kaiser
Name of Facility:	Appledorn ALC North
Facility Address:	411 Ida Red Pkwy Holland, MI 49423
Facility Telephone #:	(616) 393-0828
Original Issuance Date:	06/22/2015
Capacity:	65
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/14/2023; No On-site Inspection/administrative Desk Review

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Role

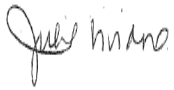
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.



12/14/2023

Date

Licensing Consultant