



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2024

Trina Jewett
Culver Meadows Senior Living, Inc.
5840 Culver Rd.
Traverse City, MI 49684

RE: License #: AL280303758
Culver Meadows Senior Living
1661 N. West Silver Lake
Traverse City, MI 49684

Dear Ms. Jewett:

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,

A handwritten signature in purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #: AL280303758

Licensee Name: Culver Meadows Senior Living, Inc.

Licensee Address: 1661 N. West Silver Lake
Traverse City, MI 49684

Licensee Telephone #: (231) 943-9430

Licensee Designee: Trina Jewett

Administrator: Jamie Dobrowolski

Name of Facility: Culver Meadows Senior Living

Facility Address: 1661 N. West Silver Lake
Traverse City, MI 49684

Facility Telephone #: (231) 943-9430

Original Issuance Date: 01/27/2010

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2024
Date of Bureau of Fire Services Inspection if applicable: 11/08/2024
Date of Health Authority Inspection if applicable: 02/26/2024
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 7
No. of others interviewed 0 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

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



06/05/2024

Rhonda Richards
Licensing Consultant

Date