

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

December 2, 2024

Lauren Gowman Sheldon Meadows Assisted Living Center 4482 Port Sheldon Hudsonville, MI 49426

> RE: License #: AH700236945 Investigation #: 2025A1021018 Sheldon Meadows Assisted Living Center

Dear Lauren Gowman:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street Lansing, MI 48909

enclosure

### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

### I. IDENTIFYING INFORMATION

License #:	AH700236945
	AIT/00230943
Investigation #:	2025A1021018
Complaint Receipt Date:	11/19/2024
Investigation Initiation Date:	11/19/2024
Report Due Date:	1/19/2025
Licensee Name:	Sheldon Meadows Living Ctr. LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 662-8191
Administrator:	Loren Duemler
Authorized Representative:	Lauren Gowman
Name of Facility:	Sheldon Meadows Assisted Living Center
Facility Address:	4482 Port Sheldon Hudsonville, MI 49426
Facility Telephone #:	(616) 662-8191
Original Issuance Date:	02/01/1998
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	129
Program Type:	ALZHEIMERS AGED

# II. ALLEGATION(S)

	Established?
Kitchen is not clean.	Yes
Additional Findings	No

# III. METHODOLOGY

11/19/2024	Special Investigation Intake 2025A1021018
11/19/2024	Special Investigation Initiated - Letter message sent to complainant
11/21/2024	Inspection Completed On-site
11/22/2024	Contact-Telephone call made Interviewed SP3
12/02/2024	Exit Conference

# ALLEGATION:

### Kitchen is not clean.

### **INVESTIGATION:**

On 11/19/2024, the licensing department received a complaint with allegations there is mold growing in the west kitchen at the facility.

On 11/21/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported caulk was placed near the sink to prevent water from dripping on the floor. SP1 reported kitchen staff clean the area every day with water and bleach. SP1 reported it is not mold but food particles. SP1 reported the caulk is to be changed every six months.

On 11/21/2024, I interviewed SP2 at the facility. SP2 reported the area is cleaned daily. SP2 reported the maintenance department is responsible for changing the caulk. SP2 reported the area has dirt and grim built up. SP2 reported caregivers clean the area every day.

On 11/21/2024, I interviewed administrator Loren Duemler at the facility. Administrator reported the facility was recently deep cleaned. Administrator reported the culinary team is responsible for cleaning the area.

Violation

On 11/21/2024, I observed the west kitchen sink. I observed caulk was placed on the wall. Near the caulked area, especially near the sink faucet, there was a significant amount of black residue on the wall. I observed the east side kitchen. This area did not have this type of residue on the wall.

On 11/22/2024, I interviewed SP3 by telephone. SP3 reported he does not believe there is mold in the kitchen. SP3 reported when dishes are cleaned, food particles go onto the wall and that is what is black on the wall. SP3 reported when the caulk was placed, mold control solution was sprayed onto the wall. SP3 reported the caulk was replaced approximately one year ago. SP3 reported when the caulk is removed, the wall will be scrubbed clean.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and be maintained in a clean and sanitary condition, and in good repair.
ANALYSIS:	Interviews conducted and observations made revealed there is black residue on the wall in the west kitchen. The caulk that was placed there approximately one year ago is allowing this residue to stay on the wall and prevent the area from proper cleanliness.
CONCLUSION:	VIOLATION ESTABLISHED

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

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11/27/2024

Kimberly Horst Licensing Staff Date

Date

Approved By:

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Andrea L. Moore, Manager Long-Term-Care State Licensing Section