



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 20, 2024

Carol DelRaso  
Sherman Opco LLC  
Suite 200  
7297 Nemco Way  
Brighton, MI 48116

RE: License #: AL530414604  
**Ludington Woods Supportive Care**  
**502 N. Sherman Street**  
**Ludington, MI 49431**

Dear Carol 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL530414604
<b>Licensee Name:</b>	Sherman Opco LLC
<b>Licensee Address:</b>	4500 Dorr Street Toledo, OH 43615
<b>Licensee Telephone #:</b>	(419) 247-2800
<b>Licensee Designee:</b>	Carol DelRaso
<b>Administrator:</b>	Carol DelRaso
<b>Name of Facility:</b>	Ludington Woods Supportive Care
<b>Facility Address:</b>	502 N. Sherman Street Ludington, MI 49431
<b>Facility Telephone #:</b>	(231) 845-6100
<b>Original Issuance Date:</b>	06/24/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2024

Date of Bureau of Fire Services Inspection if applicable: 08/22/2024

Date of Health Authority Inspection if applicable: 06/12/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed N/A Role:

- 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

The facility is in compliance with all applicable rules and statutes.

On December 16, 2024, I provided facility executive director Donette Neal with an exit conference. I explained my finding as noted above. Ms. Neal indicated she understood the findings and had no further questions, or information to provide, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



December 20, 2024

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Bruce A. Messer  
Licensing Consultant

Date