



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 11, 2025

Carol DelRaso
Senior Living Forest Glen, LLC
7927 Nemco Way, Ste 200
Brighton, MI 48116

RE: License #: AL140412989
Forest Glen Assisted Living
29601 Amerihost Drive
Dowagiac, MI 49047

Dear Mrs. DelRaso:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You submitted a Corrective Action Plan on-site.

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
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 #: | AL140412989 |
| Licensee Name: | Senior Living Forest Glen, LLC |
| Licensee Address: | 7927 Nemco Way, Ste 200 Brighton, MI 48116 |
| Licensee Telephone #: | (810) 220-0200 |
| Licensee/Licensee Designee: | Carol DelRaso |
| Administrator: | Kelsey Kline |
| Name of Facility: | Forest Glen Assisted Living |
| Facility Address: | 29601 Amerihost Drive Dowagiac, MI 49047 |
| Facility Telephone #: | (269) 782-5300 |
| Original Issuance Date: | 03/10/2023 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/30/25

Date of Bureau of Fire Services Inspection if applicable: 7/21/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

4

No. of residents interviewed and/or observed

18

No. of others interviewed

0

Role: N/A

- 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. Funds not held by facility
- 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 found to be in non-compliance with the following rules:

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDINGS: The facility did not have one PRN medication on-site.

R 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDINGS: The water temperature was tested under 105 degrees Fahrenheit.

A corrective action plan was requested and approved on 07/30/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Nile Khabeiry, LMSW

8/11/25

Nile Khabeiry
Licensing Consultant

Date