



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2025

Shannon VanHouten
1821 N East Street Opco LLC
4500 Dorr Street
Toledo, OH 43615

RE: Application #: AL080419484
Woodlawn Meadows Memory Care
1725 N. East St.
Hastings, MI 49058

Dear Ms. VanHouten:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL080419484
Licensee Name:	1821 N East Street Opco LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Licensee Designee:	Shannon VanHouten
Administrator:	Allison Wakeman
Name of Facility:	Woodlawn Meadows Memory Care
Facility Address:	1725 N. East St. Hastings, MI 49058
Facility Telephone #:	(269) 945-1290
Application Date:	04/28/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

11/07/2024	Inspection Completed-Fire Safety : A refer to AL080413178
04/28/2025	On-Line Enrollment
04/29/2025	PSOR on Address Completed
04/29/2025	Contact - Document Sent forms sent
05/12/2025	Contact - Document Received
05/12/2025	File Transferred To Field Office
05/13/2025	Application Incomplete Letter Sent
06/16/2025	Contact - Document Received-Licensee/Facility Documents
06/23/2025	Contact - Document Received-Licensee/Facility Documents
06/25/2025	Contact - Document Received-Licensee/Facility Documents
07/07/2025	Contact - Document Received-Licensee/facility records
08/08/2025	Contact - Document Received-Licensee/Facility Records
08/13/2025	Contact - Document Received-Facility Records
08/28/2025	Contact - Document Received-Inspection Reports
09/10/2025	Inspection Completed On-site
09/10/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility was already licensed as an adult foster care home and is now undergoing a change in licensee or a change in ownership.

Woodlawn Meadows Memory Care is a large single story “L” shaped building includes twenty private bedrooms with attached half-bathrooms, three shower rooms, a kitchen, a dining area, a beauty salon, a spa room, a laundry room, a medication room, an administrative office, an activity room and two mechanical rooms. The facility is located with the city of Hastings, in a quiet area at the end of the street. The facility has a parking lot to allow for ample parking for visitors and staff members. The facility is

wheelchair accessible and has five exits at grade. The facility utilizes a public water supply and sewage disposal system.

The two gas furnaces and water heaters are located inside the mechanical rooms equipped with at least a 20-minute fire resistant 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were inspected on 8/20/2025 by a licensed professional and determined to be fully operational.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Battery-powered, single-station smoke detectors have been installed near sleeping areas of the home, and near all flame- or heat-producing equipment and is fully sprinkled. Fire extinguishers are also in the home. On 11/07/2024, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (studio)	11' 11" x 12' 9"	132 sq ft	1
2 (studio)	11' 11" x 12' 9"	132 sq ft	1
3 (studio)	12.5' x 12' 9"	150 sq ft	1
4 (studio)	12.5' x 12' 9"	150 sq ft	1
5 (studio)	11' 11" x 12' 9"	132 sq ft	1
6 (studio)	11' 11" x 12' 9"	132 sq ft	1
7 (studio)	12' 3" x 20"	240 sq ft	1
8 (studio)	12' 3" x 20"	240 sq ft	1
9 (studio)	11' 11" x 12' 9"	132 sq ft	1
10 (studio)	11' 11" x 12' 9"	132 sq ft	1
11 (studio)	12' 9" x 18"	216 sq ft	1
12 (studio)	12' 9" x 18"	216 sq ft	1
13 (studio)	11' 11" x 12' 9"	132 sq ft	1
14 (studio)	11' 11" x 12' 9"	132 sq ft	1
15 (studio)	11' 11" x 12' 9"	132 sq ft	1
16 (studio)	18' 4.5" x 11"	198 sq ft	1
17 (studio)	18' 4.5" x 11"	198 sq ft	1
18 (studio)	11' 11" x 12' 9"	132 sq ft	1
19 (studio)	11' 11" x 12' 9"	132 sq ft	1
20 (studio)	20' x 12' 3"	240 sq ft	1

The indoor living and dining areas measure a total of 720 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and/or female residents who are aged and/or physically handicapped. The applicant indicated the facility mission is to provide residents, families, and friends with the absolute best experience in every interaction daily. The program will promote creativity and positive experiences through a diverse selection of daily programs/events led by facility wellness staff. The program will include services such as physicians, occupational and physical therapists, laboratory services, podiatrist, etc. The applicant intends to assist and continually support each resident's ability to remain as independent as possible and provide services that will promote physical, social, intellectual, emotional, and spiritual growth. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is 1821 N East Street Opco, Inc., a "For Profit Corporation", established in Ohio. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of 1821 N East Street Opco, Inc, Inc. has submitted documentation appointing Shannon VanHouten as licensee designee, and Allison Wakeman as administrator of the facility.

Criminal history background checks of Shannon VanHouten and Allison Wakeman were completed, and they were determined to be of good moral character to provide licensed adult foster care. Shannon VanHouten and Allison Wakeman submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Shannon VanHouten and Allison Wakeman have provided documentation to satisfy their qualifications and training requirements identified in the group home administrative rules. Shannon VanHouten and Allison Wakeman both have experience working with

aged and physically handicapped populations and has been the licensee designee and administrator for other adult foster care homes.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home with a capacity of 20 residents.



Ondrea Johnson
Licensing Consultant

9/10/2025
Date

Approved By:



09/11/2025

Dawn N. Timm
Area Manager

Date