



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 22, 2025

Sharon Cuddington  
Trinity Continuing Care Services  
20555 Victor Parkway, Suite 200  
Livonia, MI 48152

RE: License #:	AL610260125 Sanctuary at the Oaks #2 1740 Village Drive, 2nd Floor Muskegon, MI 49442-4282
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Dear Ms. Cuddington:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL610260125
<b>Licensee Name:</b>	Trinity Continuing Care Services
<b>Licensee Address:</b>	Suite 200 20555 Victor Parkway Livonia, MI 48152
<b>Licensee Telephone #:</b>	(810) 989-7492
<b>Licensee/Licensee Designee:</b>	Sharon Cuddington, Designee
<b>Administrator:</b>	Julie Treakle, Administrator
<b>Name of Facility:</b>	Sanctuary at the Oaks #2
<b>Facility Address:</b>	2nd Floor 1740 Village Drive Muskegon, MI 49442-4282
<b>Facility Telephone #:</b>	(231) 672-2700
<b>Original Issuance Date:</b>	04/21/2005
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/09/2025

Date of Bureau of Fire Services Inspection if applicable: 02/18/2025

Date of Health Authority Inspection if applicable: 10/09/2025

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
No. of others interviewed 2 Role: Admin & LD

- 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? Reviewed the WFBC site with Admin and LD N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

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



10/22/2025

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Elizabeth Elliott  
Licensing Consultant

Date