



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 #:	AL610261127 Sanctuary at the Oaks #1 1740 Village Drive, 1st 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. in writing of the Department's intention and your options for resolution of this matter.

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

License #:	AL610261127
Licensee Name:	Trinity Continuing Care Services
Licensee Address:	Suite 200 20555 Victor Parkway Livonia, MI 48152
Licensee Telephone #:	(810) 989-7492
Licensee/Licensee Designee:	Sharon Cuddington, Designee
Administrator:	Julie Treakle, Administrator
Name of Facility:	Sanctuary at the Oaks #1
Facility Address:	1740 Village Drive, 1st Floor Muskegon, MI 49442-4282
Facility Telephone #:	(231) 672-2700
Original Issuance Date:	04/21/2005
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

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, 03/18/2025

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: LD & Admin

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
A review of resident medications and the MAR was conducted.
- 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 exclusion site with
LD and Admin. 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

Elizabeth Elliott
Licensing Consultant

Date