



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 5, 2026

Shannon VanHouten
29601 Amerihost Drive Opco LLC
4500 Dorr Street
Toledo, OH 43615

RE: License #: AL140419537
Forest Glen Assisted Living
29601 Amerihost Drive
Dowagiac, MI 49047

Dear Ms. VanHouten:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

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 #: AL140419537

Licensee Name: 29601 Amerihost Drive Opco LLC

Licensee Address: 4500 Dorr Street
Toledo, OH 43615

Licensee Telephone #: (419) 247-2800

Licensee/Licensee Designee: Shannon VanHouten

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: 09/18/2025

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/22/25

Date of Bureau of Fire Services Inspection if applicable: 9/17/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 16
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.
- 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 400.675 Resident medications.

(3) Giving, taking or applying of prescription medications must be supervised by a licensee, administer or direct care staff unless directed by an appropriate licensed health care professional in writing.

FINDINGS: Several residents take their own medications unsupervised.

R 400.975 Resident medications.

(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.

FINDINGS: Several residents keep their medications in their rooms and therefore, cannot be safeguarded.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Nile Khabeiry, LMSW

1/5/25

Nile Khabeiry
Licensing Consultant

Date