



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 8, 2026

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

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

Dear Ms. VanHouten:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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. 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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION 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/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) 948-4921

**Original Issuance Date:** 09/11/2025

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/06/2026

Date of Bureau of Fire Services Inspection if applicable: 10/15/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: 0

- 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   
R 400.681 (1) (p) Resident rights: licensee responsibility: SafelyYou Program

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

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



Ondrea Johnson  
Licensing Consultant

03/08/2026  
Date