



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 15, 2026

Sara Dickendeshier
150 Meadow Lane Opco LLC
4500 Dorr Street
Toledo, OH 43615

RE: License #: AH320406216
Meadow Lane Assisted Living & Memory Care
150 Meadow Lane
Bad Axe, MI 48413

Dear Licensee:

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.

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 feel free to contact the local office at (517) 335-5985.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

Licensee License #:	AH320406216
Licensee Name:	150 Meadow Lane Opco LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	
Authorized Representative/ Administrator	Sara Dickendesher
Name of Facility:	Meadow Lane Assisted Living & Memory Care
Facility Address:	150 Meadow Lane Bad Axe, MI 48413
Facility Telephone #:	(989) 269-8890
Original Issuance Date:	01/04/2023
Capacity:	64
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/02/2026

Date of Bureau of Fire Services Inspection if applicable: 06/01/2026

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 06/02/2026

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 15
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The facility does not manage resident funds.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
The Bureau of Fire Services reviews fires drills, however disaster planning procedures were reviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1976

Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

- Multiple perishable food items observed in the memory care and Chapel/ Community room refrigerator were not properly labeled, dated or sealed.

IV. RECOMMENDATION

An acceptable corrective action plan has been received.



06/15/2026

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section