



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 11, 2021

Lauren Gowman
Sheldon Meadows Assisted Living Center
4482 Port Sheldon
Hudsonville, MI 49426

RE: License #: AH700236945
Sheldon Meadows Assisted Living Center
4482 Port Sheldon
Hudsonville, MI 49426

Dear Mrs. Gowman:

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 will be renewed once an approved BFS rating is obtained.

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700236945
Licensee Name:	Sheldon Meadows Living Ctr. LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 662-8191
Authorized Representative:	Lauren Gowman
Administrator:	Annie Kaiser
Name of Facility:	Sheldon Meadows Assisted Living Center
Facility Address:	4482 Port Sheldon Hudsonville, MI 49426
Facility Telephone #:	(616) 662-8191
Original Issuance Date:	02/01/1998
Capacity:	129
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/11/2021

Date of Bureau of Fire Services Inspection if applicable: 2/4/2020 – A (expired)

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/11/2021

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 21

No. of others interviewed 0 Role N/A

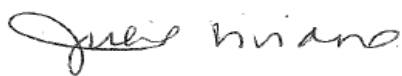
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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

The facility is in compliance with applicable rules and statutes, except the facility requires an updated BFS rating.

IV. RECOMMENDATION

Renewal of the license is recommended once an approved BFS rating is obtained.



8/11/21

Date

Licensing Consultant