



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 21, 2021

Rochelle Lyons
Meadow Lane Assisted Living
150 Meadow Lane
Bad Axe, MI 48413

RE: License #: AH320297377
Meadow Lane Assisted Living
150 Meadow Lane
Bad Axe, MI 48413

Dear Ms. Lyons:

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 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) 284-9730.

Sincerely,

A handwritten signature in cursive script, reading "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH320297377
Licensee Name:	Meadow Lane Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Authorized Representative:	Rochelle Lyons
Administrator:	Becky Stephan
Name of Facility:	Meadow Lane Assisted Living
Facility Address:	150 Meadow Lane Bad Axe, MI 48413
Facility Telephone #:	(989) 269-8890
Original Issuance Date:	07/15/2009
Capacity:	64
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/21/21

Date of Bureau of Fire Services Inspection if applicable: 8/4/21

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 9/21/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 25
No. of others interviewed 1 Role Hospice RN

- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- 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? 2 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Aaron L. Clum

9/21/21

Date

Licensing Consultant