



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 11, 2023

Reynaert, Lori AND Maynard, Michelle  
1445 W Nielson Rd  
Sanford, MI 48657

RE: License #: AL560391308  
**Meridian Acres #2**  
**2905 N. Meridian Rd**  
**Sanford, MI 48657**

Dear Ms. Reynaert and Ms. Maynard:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL560391308

**Licensee Name:** Reynaert, Lori AND Maynard, Michelle

**Licensee Address:** 1445 W Nielson Rd  
Sanford, MI 48657

**Licensee Telephone #:** (989) 859-6301

**Licensee:** Lori Reynaert and Michelle Maynard

**Administrator:** Michelle Maynard

**Name of Facility:** Meridian Acres #2

**Facility Address:** 2905 N. Meridian Rd  
Sanford, MI 48657

**Facility Telephone #:** (989) 687-4462

**Original Issuance Date:** 11/26/2018

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2023

Date of Bureau of Fire Services Inspection if applicable: 11/22/2022

Date of Health Authority Inspection if applicable: 04/06/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 13  
No. of others interviewed N/A Role: [REDACTED]

- 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care large group home license (capacity 13-20).



05/11/2023

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Rodney Gill  
Licensing Consultant

Date