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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 5, 2024

Lauren Gowman Railside Assisted Living Center 7955 Byron Center Ave SW Byron Center, MI 49315

RE: License #: AH410236873

Railside Assisted Living Center 7955 Byron Center Ave SW Byron Center, MI 49315

Dear Lauren Gowman:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your license is effective until 7/31/2024. It is valid only at the address listed and is not transferable.

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,

Julie Viviano, Licensing Staff

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

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Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH410236873
Licensee Name:	Railside Living Center LLC
Licensee Address:	950 Taylor Street
	Grand Haven, MI 49417
Licensee Telephone #:	(616) 842-2425
Authorized Representative:	Lauren Gowman
Administrator/Licensee Designee:	Tracy Wood
No. 20 C Footilis	B. H. H. A. A. H. H. C. A.
Name of Facility:	Railside Assisted Living Center
Eacility Address:	7055 Byron Contor Avo SW
Facility Address:	7955 Byron Center Ave SW Byron Center, MI 49315
	Byton Center, Wir 49313
Facility Telephone #:	(616) 878-4620
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Original Issuance Date:	04/18/1999
Capacity:	121
Program Type:	ALZHEIMERS
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/5/2024 - No On-site / Administrative Desk Review		
/Date of Bureau of Fire Services Inspection if applicable: BFS -A; 7/6/2023		
Inspection Type:		
Date of Exit Conference:		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 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. 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: 		
Number of excluded employees followed up? N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

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V	2/5/2024
Licensing Consultant	Date