



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 12, 2024

Lauren Gowman
Appledorn ALC North
411 Ida Red Pkwy
Holland, MI 49423

RE: License #: AH700357088
Appledorn ALC North
411 Ida Red Pkwy
Holland, MI 49423

Dear Lauren 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 is renewed until 7/31/2025. 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 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, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH700357088
Licensee Name:	Appledorn Assisted Living Center II, LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 846-4700
Authorized Representative:	Lauren Gowman
Administrator/Licensee Designee:	Annie Kaiser
Name of Facility:	Appledorn ALC North
Facility Address:	411 Ida Red Pkwy Holland, MI 49423
Facility Telephone #:	(616) 393-0828
Original Issuance Date:	06/22/2015
Capacity:	65
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2024

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 8/2/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/12/2024

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 18
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 facility 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 all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Marino

9/12/2024

Licensing Consultant Date