



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2025

Benjamin Leavell  
Waterford Place Assisted Living  
1725 Port Sheldon St.  
Jenison, MI 49428

RE: License #: AH700356296  
Waterford Place Assisted Living  
1725 Port Sheldon St.  
Jenison, MI 49428

Dear Benjamin Leavell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. The 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH700356296
<b>Licensee Name:</b>	Sunset Manor Inc.
<b>Licensee Address:</b>	725 Baldwin St. Jenison, MI 49428
<b>Licensee Telephone #:</b>	(616) 457-2770
<b>Authorized Representative/Administrator:</b>	Benjamin Leavell
<b>Name of Facility:</b>	Waterford Place Assisted Living
<b>Facility Address:</b>	1725 Port Sheldon St. Jenison, MI 49428
<b>Facility Telephone #:</b>	(616) 667-1725
<b>Original Issuance Date:</b>	08/17/2015
<b>Capacity:</b>	70
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/15/2025

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 9/13/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 4/15/2025

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 22

No. of others interviewed 0 Role N/A

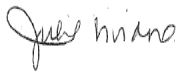
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The home does not keep resident funds in trust.
- 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: 0 N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

No further recommendations. Facility is in full compliance with all applicable rules and statutes.



4/17/2015

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Date

Licensing Consultant