



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 3, 2025

Lijo Antony
Meadows Assisted Living, Inc.
71 North Avenue
Mt. Clemens, MI 48043

RE: License #: AL500388683
Meadows Assisted Living II
75 North Avenue
Mt. Clemens, MI 48043

Dear Mr. Antony:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500388683
Licensee Name:	Meadows Assisted Living, Inc.
Licensee Address:	71 North Avenue Mt. Clemens, MI 48043
Licensee Telephone #:	(586) 461-2882
Licensee/Licensee Designee:	Lijo Antony
Administrator:	Lijo Antony
Name of Facility:	Meadows Assisted Living II
Facility Address:	75 North Avenue Mt. Clemens, MI 48043
Facility Telephone #:	(586) 461-2882
Original Issuance Date:	12/06/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2025

Date of Bureau of Fire Services Inspection if applicable: 11/13/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 15

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medications with licensee.
- 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.
Staff preparing to serve residents lunch during inspection.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
BFS approval received 11/13/2024
- 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:
CAP date 06/13/2023- AL205(5), AL312(4), AL403(4) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
Resident A's resident care agreement was not signed by resident/designated representative in 2024 or 2025.	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication.
Resident A had Nyamyc 100,000 units/GM powder listed as a PRN on medication log. Medication was not available in the facility. Medication should be removed from medication log if no longer prescribed.	
REPEAT VIOLATION ESTABLISHED: LSR dated 06/07/2023, CAP dated 06/13/2023	
R 400.15312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident B's Tramadol HCL 50 mg tablets were not listed on medication log. Licensee reported that Tramadol was discontinued on 03/05/2025. Resident B's Debrox ear drops were not listed on medication log. Licensee reported that ear drops were discontinued on 01/22/2025. Medications no longer required should be disposed of after consultation with physician or pharmacist.	
R 400.15401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature in Bedroom #124 was found to be as high as 123.6 degrees Fahrenheit.	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
During the onsite inspection, I observed that the bathroom light in Bedroom #116 was blinking on and off when turned on.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cilluffo

06/03/2025

Kristine Cilluffo
Licensing Consultant

Date