



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2025

Nicole Maag
Porter Hills Presbyterian Village, Inc.
4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

RE: License #: AL410384908
Meadowlark Retirement Village A
65 Ida Red
Sparta, MI 49345

Dear Nicole Maag:

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 will be renewed within 30 days, so long as there are no open investigations at that time. Your license 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Cassandra Duursma'.

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #:	AL410384908
Licensee Name:	Porter Hills Presbyterian Village, Inc.
Licensee Address:	4450 Cascade SE Suite200 Grand Rapids, MI 49546-8330
Licensee Telephone #:	(616) 378-6475
Licensee Designee:	Nicole Maag
Administrator:	Darlene Scott
Name of Facility:	Meadowlark Retirement Village A
Facility Address:	65 Ida Red Sparta, MI 49345
Facility Telephone #:	(616) 887-8891
Original Issuance Date:	02/21/2017
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/17/25

Date of Bureau of Fire Services Inspection if applicable: 12/13/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 4 Role: Administration

- 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.
Inspection ended prior to meal time, kitchen observed.
- 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

This facility was determined to be in substantial compliance with rules and requirements.

On 7/18/25, I completed an exit conference with Nichole Deleon who facilitated the renewal inspection. Consultation was provided regarding documentation and follow up on necessary requests for variance and change of licensee designee and/or administrator. She did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Cassandra Duursma

7/18/25

Cassandra Duursma
Licensing Consultant

Date