



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 17, 2025

David Craycraft
Dogwood Shores LLC
17940 Dogwood Dr
Spring Lake, MI 49456

RE: License #: AS700414616
Dogwood Shores LLC

Dear David Craycraft:

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. It is valid only at your present address and is nontransferable.

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 (616) 356-0100.

Sincerely,

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

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #:	AS700414616
Licensee Name:	Dogwood Shores LLC
Licensee Address:	17940 Dogwood Dr Spring Lake, MI 49456
Licensee Telephone #:	(616) 283-8839
Licensee Designee:	David Craycraft
Administrator:	Dawn Craycraft
Name of Facility:	Dogwood Shores LLC
Facility Address:	17940 Dogwood Dr Spring Lake, MI 49456
Facility Telephone #:	(616) 283-8839
Original Issuance Date:	03/20/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/11/25

Date of Bureau of Fire Services Inspection if applicable: N/A

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 [redacted] Role: [redacted]

- 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.
- 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:
8/10/25- as312(4)(e), as209(1)(d), as310(1)(a), as312(4)(a), as312(6), as403(8)
as312(4)(b), as312(1), as316(1)(d), as316(1)(f), as305(3), as301(2)(a) 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 9/11/25, I completed an exit conference with Mr. Craycraft. It was noted he and Ms. Craycraft had significantly increased compliance following SIR#2025A0579046-Corrective Action Plan dated 8/10/25. It was noted that with approximately one month to address the violations, substantial compliance had occurred, no violations were found during the inspection, and all documentation was very well done and thorough.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Cassandra Duursma

9/17/2025

Cassandra Duursma
Licensing Consultant

Date