



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 29, 2025

Anita Anderson  
4791 E Mt Garfield Rd  
Fruitport, MI 49417

RE: License #: AS700415341  
**Woodland Gardens Zeeland**  
**10334 Riley St**  
**Zeeland, MI 49464**

Dear Ms. Anderson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The temporary license 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 "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700415341
<b>Licensee Name:</b>	Anita Anderson
<b>Licensee Address:</b>	2189 S 86th Ave Shelby, MI 49455
<b>Licensee Telephone #:</b>	(231) 571-8642
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Anita Anderson
<b>Name of Facility:</b>	Woodland Gardens Zeeland
<b>Facility Address:</b>	10334 Riley St Zeeland, MI 49464
<b>Facility Telephone #:</b>	(231) 760-3023
<b>Original Issuance Date:</b>	03/31/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/25/2025

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 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: The live in staff.

- 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. They do not manage any resident funds.
- 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: 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. I telephoned the Licensee Designee, and she agreed with my findings.

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

**IV. RECOMMENDATION:**

I recommend the issuance of a regular license to this AFC adult small group home capacity 6.

*Arlene B. Smith*

09/29/2025

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Arlene B. Smith  
Licensing Consultant

Date