



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 3, 2025

Satish Ramade  
Margarets Meadows, LLC  
5257 Coldwater Rd.  
Remus, MI 49340

RE: License #: AL370264709  
**Margarets Meadows**  
**5257 Coldwater Road**  
**Remus, MI 49340**

Dear Mr. Ramade:

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 and a date.

**Upon receipt of an acceptable corrective plan and the completed renewal application / fee, 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning". The signature is written in a cursive, flowing style.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL370264709
<b>Licensee Name:</b>	Margarets Meadows, LLC
<b>Licensee Address:</b>	5257 Coldwater Rd. Remus, MI 49340
<b>Licensee Telephone #:</b>	(248) 470-4862
<b>Licensee Designee:</b>	Satish Ramade
<b>Administrator:</b>	Satish Ramade
<b>Name of Facility:</b>	Margarets Meadows
<b>Facility Address:</b>	5257 Coldwater Road Remus, MI 49340
<b>Facility Telephone #:</b>	(989) 561-5009
<b>Original Issuance Date:</b>	10/11/2004
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2025

Date of Bureau of Fire Services Inspection if applicable: 04/25/2025

Date of Health Authority Inspection if applicable: 08/19/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 12

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. There are no personal funds on-site.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

**R 400.15205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care staff member T. Pardee's employee record did not have a medical clearance within 30 days of her hire date. Ms. Pardee was hired on 11/15/24 and her medical clearance was from 8/15/25. Direct care staff members E. Johnson and J. Nadeau's employee records did not include a medical clearance within thirty days of their hire dates.

**3<sup>rd</sup> REPEAT VIOLATION ESTABLISHED FROM PREVIOUS RENEWALS ON 10/6/21 AND 10/6/23.**

**R 400.15205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

The employee record for direct care staff member J. Wilson was missing the annual health review for 2024.

**R 400.15401**            **Environmental health.**

**(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The**

**containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.**

The trash can in the kitchen did not have a tight fitting lid.

**R 400.15403      Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

In the kitchen and back common area there are several cracks in the flooring that need to be repaired.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan and completed application / fee, renewal of the license is recommended.



\_\_\_\_\_  
Jennifer Browning  
Licensing Consultant

\_\_\_\_\_ 10/03/2025 \_\_\_\_\_  
Date