



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 01, 2026

Brenda Kirtley
Meadows by the Lake Inc.
PO Box 213
Stanton, MI 48888

RE: License #: AL590404706
Investigation #: 2026A0577040
Meadows by the Lake

Dear Ms. Kirtley:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AL590404706 |
| Investigation #: | 2026A0577040 |
| Complaint Receipt Date: | 05/08/2026 |
| Investigation Initiation Date: | 05/11/2026 |
| Report Due Date: | 07/07/2026 |
| Licensee Name: | Meadows by the Lake Inc. |
| Licensee Address: | 731 S. Nevins Road Stanton, MI 48888 |
| Licensee Telephone #: | (616) 232-2221 |
| Licensee Designee: | Brenda Kirtley |
| Administrator: | Brenda Kirtley |
| Name of Facility: | Meadows by the Lake |
| Facility Address: | 904 Oak Drive Greenville, MI 48838 |
| Facility Telephone #: | (616) 894-8198 |
| Original Issuance Date: | 09/24/2021 |
| License Status: | REGULAR |
| Effective Date: | 03/24/2026 |
| Expiration Date: | 03/23/2028 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| The facility is over capacity. | No |
| Direct care staff are asking unqualified people to assist with resident care. | No |
| Direct care staff are forcing residents to take their medications. | No |

III. METHODOLOGY

| | |
|------------|--|
| 05/08/2026 | Special Investigation Intake, 2026A0577040 |
| 05/11/2026 | Special Investigation Initiated - Letter Amanda Blasius, Licensing Consultant via email. |
| 05/11/2026 | Contact - Telephone call made, Call to Complainant, |
| 05/18/2026 | Inspection Completed On-site |
| 05/26/2026 | Contact-Telephone call received, Interview with Complainant. |
| 05/27/2026 | APS Referral, No abuse or neglect found in complaint. |
| 05/27/2026 | Exit Conference with licensee designee Brenda Kirtley |

ALLEGATION: The facility is over capacity.

INVESTIGATION:

On May 08, 2026, a complaint was received alleging there were 23 residents living in the facility which makes the facility over capacity.

On May 11, 2026, I contacted Complainant and left a message requesting a call back. On May 26, 2026, I interviewed Complainant who reported the information received from a third party lacked any details such as resident names or dates.

On May 18, 2026, I completed an unannounced onsite investigation and reviewed and received a copy of the facility *Resident Register* which documented 19 residents living in the facility. I also reviewed the license capacity which documented the maximum capacity for this facility was 20 residents. I interviewed Brenda Kirtley, Administrator/Licensee Designee, who reported there are currently 19 residents living in the facility. Ms. Kirtley stated this is the highest capacity number since opening in 2021.

Ms. Kirtley denied the allegation that the facility was over capacity. Ms. Kirtley reported all 19 residents were at the facility during my investigation. I counted and confirmed that only 19 residents were living in the facility as of May 18, 2026.

During the onsite investigation I interviewed direct care staff (DCS) Kenda Doty, Jennifer Harding, Theresa Ewing, and Amanda Houseman who all denied the facility was over capacity currently or at any point in time.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.613 | Licensed capacity, occupants. |
| | (1) The number of residents and number of resident beds must not be greater than the capacity authorized on the license. |
| ANALYSIS: | Per the information gathered from pertinent document review, staff interviews and direct observation, I determine the facility is not over capacity now or in the past. There were 19 residents admitted at the time of the investigation. The facility is licensed for a capacity of 20 residents, therefore no violation was established. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION: Direct care staff are asking unqualified people to assist with resident care.

INVESTIGATION:

On May 08, 2026, a complaint was received alleging direct care staff requested visitors or volunteers assist with resident care.

On May 18, 2026, I interviewed Resident A, Resident B, Resident C, Resident D, and Resident F who all denied that family members or volunteers assist with resident care. Resident A, Resident B, Resident C, Resident D, and Resident F all reported that the only people who assist the residents with taking medications, bathing, toileting, and getting dressed are direct care staff. Resident A, Resident B, Resident C, and Resident D, reported that they have not witnessed any family members or volunteers assisting any direct care staff with resident care.

During the onsite investigation on May 18, 2026, I interviewed DCS Kenda Doty, Jennifer Harding, Theresa Ewing, and Amanda Houseman who all denied that any visitor or family assists with resident care or that direct care staff requested assistance from visitors or volunteers with resident care needs. All direct care staff interviewed reported there is plenty of direct care staff scheduled to work so there is no need to ask for assistance from visitors or family members.

| | |
|------------------------|---|
| APPLICABLE RULE | |
| R 400.633 | Staffing requirements. |
| | (3) An individual, including a volunteer, cook, or private duty staff shall not be considered in determining the ratio of direct care staff-to-residents unless the individual meets the qualifications of a direct care staff member and is providing direct care to residents on behalf of the licensee. |
| ANALYSIS: | Based on the information gathered during the investigation, there was no evidence that visitors or family members are assisting with resident care nor was there evidence that direct care staff asked visitors or family members to assist with resident care. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION: Direct care staff are forcing residents to take their medications.

INVESTIGATION:

On May 08, 2026, a complaint was received alleging that direct care staff were forcing residents to take prescribed medications. The complaint did not list the name of the resident but the complaint documented that the resident was admitted into the facility within the last month.

During the onsite investigation on May 18, 2026, I reviewed the *Resident Register* and confirmed that only two residents, Resident E and Resident F, were admitted to the facility within the past six months, both in April 2026. I interviewed licensee designee Brenda Kirtley, who reported that Resident A, Resident G and Resident H do at times refuse medications. Ms. Kirtley reported she was not aware of any direct care staff forcing residents to take medications. Ms. Kirtley reported that none of the residents nor the direct care staff have reported these concerns to her. The *Resident Register* documented Resident A, Resident G, and Resident H were all admitted into the facility in 2021 and 2022, not within the past six months as the complaint reported.

I interviewed Resident E, who denied refusing any medications and denied being aware of any direct care staff forcing residents to take medication. I attempted to interview Resident F; however, due to cognitive limitations, Resident F was unable to participate in an interview.

On May 18, 2026, I interviewed Resident A, Resident B, Resident C, and Resident D, who all denied ever being forced by a direct care staff to take their medications. Resident A, Resident B, Resident C, and Resident D denied having any knowledge of any other residents being forced to take medications.

During the onsite investigation I interviewed DCS Kenda Doty, Jennifer Harding, Theresa Ewing, and Amanda Houseman who all denied that direct care staff force residents to take medications. DCS Kenda Doty, Jennifer Harding, Theresa Ewing, and Amanda Houseman all reported that rarely does any resident refuse medications and all confirmed understanding that residents have a right to refuse their medications.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.681 | Resident rights; licensee responsibilities. |
| | (3) A licensee and staff shall respect and safeguard all of the following resident rights to: (n) Refuse treatment and services, including taking of medication, and to be made aware of the consequences of refusal. |
| ANALYSIS: | Based on the information gathered during interviews with residents and direct care staff, there was no evidence found the support the allegations of direct care staff forcing residents to take their medications. It has been found that licensee and staff respect and safeguard the residents rights to refuse their medications. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

IV. RECOMMENDATION

I recommend that the current status of the license remains unchanged.

Bridget Vermeesch

06/01/2026

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

06/01/2026

Dawn N. Timm
Area Manager

Date