GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2026

Lynn MacKenzie
Meadows On McCarty LLC
3520 Davenport Avenue
Saginaw, MI 48602

RE: License #: AL730419737
Meadows On McCarty MC
2445 McCarty Road
Saginaw, MI 48603

Dear Lynn MacKenzie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license will be renewed upon approval rating from the Bureau of Fire Services (BFS) and closure of Special Investigation #2026A0576062. It will be 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 (517) 335-5985.

Sincerely,



Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #:	AL730419737
Licensee Name:	Meadows On McCarty LLC
Licensee Address:	3520 Davenport Avenue Saginaw, MI 48602
Licensee Telephone #:	(989) 293-4621
Licensee Designee:	Lynn MacKenzie
Administrator:	Lynn MacKenzie
Name of Facility:	Meadows On McCarty MC
Facility Address:	2445 McCarty Road Saginaw, MI 48603
Facility Telephone #:	(989) 293-4621
Original Issuance Date:	04/08/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2026

Date of Bureau of Fire Services Inspection if applicable: 08/25/2026

Date of Health Authority Inspection if applicable: 10/09/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Licensee Designee

- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
  On 4/7/2026 a variance request was approved for the licensee to construct a 3rd bathroom at the facility during the temporary license period. A third bathroom was constructed and viewed on 10/9/2026.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At time of inspection, two staff did not have a signed statement by a licensed physician or designee attesting to their physical health within 30 days of employment.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

At time of inspection, two staff did not have an annual review of their health status.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(e) Verification of experience, highest level of education completed, and training.

At time of inspection, two staff did not have verification of the highest level of education completed.

R 400.645 Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

At time of inspection, hot water temperature was measured to be in excess of 120 degrees Fahrenheit.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At time of inspection, second resident bathroom had exposed wires at call button/cord.

R 400.647 Safety and maintenance of premises.

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

At time of inspection, first resident bathroom did not have handrails or non-skid surfacing installed in bath area.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

At time of inspection, second resident bathroom door lock was not non-locking-against egress hardware.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary.

Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

At time of inspection, one resident care agreement was outdated and there was no indication that the agreement had been reviewed within one year.

A corrective action plan was requested and approved on 10/09/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended upon approval rating from BFS and closure of Special Investigation #2026A0576062.



10/13/2026

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Christina Garza Date
Licensing Consultant