



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 11, 2020

Maryann Lavender
Good Samaritan Specialized Care, LLC
5633 Embassy Street
Kalamazoo, MI 49009

RE: License #: AS390400275
Veteran's H.O.P.E.
1521 Northampton
Kalamazoo, MI 49006

Dear Mr./Ms. Lavender:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AS390400275

Licensee Name: Good Samaritan Specialized Care, LLC

Licensee Address: 5633 Embassy Street
Kalamazoo, MI 49009

Licensee Telephone #: (269) 341-3195

Licensee/Licensee Designee: Maryann Lavender

Administrator: Maryann Lavender

Name of Facility: Veteran's H.O.P.E.

Facility Address: 1521 Northampton
Kalamazoo, MI 49006

Facility Telephone #: (269) 341-3195

Original Issuance Date: 09/13/2019

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/11/2020

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role: 0

- 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.
Resident out of facility
- Fire drills reviewed? Yes No If no, explain.
No fire drill conducted yet.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. No fire drill conducted yet.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
First resident admitted same day
- 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.

IV. RECOMMENDATION

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



03/11/2020

Eli DeLeon
Licensing Consultant

Date