



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 7, 2021

Melissa Peebles  
Park Village Pines  
2920 Crystal Lane  
Kalamazoo, MI 49009

RE: License #: AH390236863  
Park Village Pines  
2920 Crystal Lane  
Kalamazoo, MI 49009

Dear Ms. Peebles:

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 until 3/30/2022. It is valid only at your present address and is nontransferable.

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 feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 204-4300

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH390236863
<b>Licensee Name:</b>	The Kalamazoo Area Christian Retirement Assoc Inc
<b>Licensee Address:</b>	2920 Crystal Lane Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 372-1928
<b>Authorized Representative/Administrator</b>	Melissa Peebles, Authorized Repr. Melissa Peebles, Administrator
<b>Name of Facility:</b>	Park Village Pines
<b>Facility Address:</b>	2920 Crystal Lane Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 372-1928
<b>Original Issuance Date:</b>	03/01/1975
<b>Capacity:</b>	215
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/7/21

Date of Bureau of Fire Services Inspection if applicable: A exp. 11/20/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 4/7/21

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 32

No. of others interviewed  Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

Renewal of the license is recommended.

*Julie Mirano*

4/7/21

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Date

Licensing Consultant