



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 27, 2021

Paul Barber  
Directors Hall  
600 Golden Drive  
Kalamazoo, MI 49001

RE: License #: AH390236775  
Directors Hall  
600 Golden Drive  
Kalamazoo, MI 49001

Dear Mr. Barber:

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 8/13/2022. 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, appearing to read "Julie Viviano".

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH390236775
<b>Licensee Name:</b>	Heritage Community of Kalamazoo
<b>Licensee Address:</b>	2400 Portage St. Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 343-5345
<b>Authorized Representative/</b>	Paul Barber
<b>Administrator/Licensee Designee:</b>	Ashley Lubbers
<b>Name of Facility:</b>	Directors Hall
<b>Facility Address:</b>	600 Golden Drive Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 349-8694
<b>Original Issuance Date:</b>	03/01/1974
<b>Capacity:</b>	93
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2021

Date of Bureau of Fire Services Inspection if applicable: 11/6/21 - A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 8/26/21

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 37

No. of others interviewed N/A Role

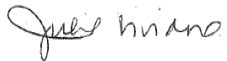
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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? 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.



8/27/21

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Date

Licensing Consultant