



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 9, 2022

Paul Barber
Wyndham West
620 Phillips Street
Kalamazoo, MI 49001

RE: License #: AH390244166
Wyndham West
620 Phillips Street
Kalamazoo, MI 49001

Dear Mr. Barber:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. However, the facility has a current fire safety rating of C. In accordance with MCL 333.20155(1) Home for the Aged, the license cannot be renewed until an approved fire safety rating is received.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event 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
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH390244166
Licensee Name:	Heritage Community of Kalamazoo
Licensee Address:	2400 Portage St. Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-5345
Authorized Representative/	Paul Barber
Administrator/Licensee Designee:	Amy Beach
Name of Facility:	Wyndham West
Facility Address:	620 Phillips Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 385-9740
Original Issuance Date:	12/04/2001
Capacity:	40
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): No On-site Inspection 6/9/22

Date of Bureau of Fire Services Inspection if applicable: BFS – C 11/23/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes, but the current fire safety rating is C.

IV. RECOMMENDATION

Upon the receipt of an approved fire safety rating, I will then recommend issuance of a regular license to this AFC homes for the aged.

Julie Marino

6/9/2022

Licensing Consultant Date