

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 16, 2025

Amy Rogers
Heritage Community of Kalamazoo
2400 Portage St.
Kalamazoo, MI 49001

RE: License #: AH390237411

Meilland Square Memory Care

300 Golden Drive Kalamazoo, MI 49001

Dear Amy Rogers:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Receipt of an acceptable corrective action plan is requested and due by 7/31/2025. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 (517) 335-5985.

Sincerely,

July hnano

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

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

I. IDENTIFYING INFORMATION

Lineare H.	ALIO0007444
License #:	AH390237411
Licensee Name:	Heritage Community of Kalamazoo
	,
Licensee Address:	2400 Portage St.
	Kalamazoo, MI 49001
	,
Licensee Telephone #:	(269) 343-5345
•	
Administrator/Licensee Designee:	Amy Rogers
Name of Facility:	Meilland Square Memory Care
•	
Facility Address:	300 Golden Drive
-	Kalamazoo, MI 49001
Facility Telephone #:	(269) 383-6822
•	
Original Issuance Date:	06/06/2001
-	
Capacity:	22
Program Type:	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 07/15/2025	
Date of Bureau of Fire Se	rvices Inspection if applicable: N	//A
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference:	7/15/2025	
No. of staff interviewed an No. of residents interviewed No. of others interviewed	ed and/or observed	6 12
Medication pass / sim	nulated pass observed? Yes 🖂	No ☐ If no, explain.
explain. ■ Resident funds and a Yes □ No ☒ If no,	edication records(s) reviewed? Sedication records(s) reviewed? Sesociated documents reviewed to explain. The home does not hole rvice observed? Yes X No X	for at least one resident? d resident funds in trust.
Reviewed disaster pla	Yes ☐ No ☒ If no, explain. ans along with interviewed staff on ☐ If no, explain.	-
•	up? Yes IR date/s: N/An compliance verified? Yes (CAP date/s and rule/s: N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority.
ANALYSIS:	Review of four resident records revealed one resident had a chest x-ray completed in December 2024, but it was not for a tuberculosis screening. The x-ray was completed due to a complaint about cough and pain in the chest, not for a tuberculosis screening prior to admission to the facility. A resident TB screening must be performed by the local health professional 12 months prior to admission to the facility.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	 (1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following: (a) A separate soiled linen storage room. (b) A separate clean linen storage room. (c) A separate laundry processing room with handwashing facilities in a home that processes its own linen.
ANALYSIS:	Inspection revealed clean linens were found on the floor in the clean linen storage area. Other items such as ironing boards, brief packages, and containers of supplies were stored on the floor in the clean linen storage area as well. Clean linens are to be stored separately and are not to be stored on the floor or with any other items. Clean linens must have a separate storage area/room to prevent risk of cross-contamination.

	Inspection also revealed toilet grab bars, a blood pressure machine, and other items were stored in the laundry processing area. To prevent risk of cross-contamination, the laundry processing area is not to be used as a storage area for items that are not related to the processing of laundry and linens.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
ANALYSIS:	Inspection revealed multiple food items were found unlabeled in the serving kitchen freezer, the kitchenette refrigerator, and the employees lounge refrigerator and freezer. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on food items served and/or consumed in the facility once opened.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 7/31/2025.

7/16/2025

Date
Licensing Consultant