



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2025

Catherine Reese
New Friends Dementia Community, LLC
3700 W Michigan Ave
Kalamazoo, MI 49006

RE: License #: AL390299686
Vibrant Life Senior Living Kalamazoo Lodge 2
3712 W. Michigan Ave.
Kalamazoo, MI 49006

Dear Ms. Reese:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #: AL390299686

Licensee Name: New Friends Dementia Community, LLC

Licensee Address: 3700 W Michigan Ave
Kalamazoo, MI 49006

Licensee Telephone #: (269) 372-6100

Licensee/Licensee Designee: Catherine Reese

Administrator: Laurel Space

Name of Facility: Vibrant Life Senior Living Kalamazoo Lodge 2

Facility Address: 3712 W. Michigan Ave.
Kalamazoo, MI 49006

Facility Telephone #: (269) 372-6100

Original Issuance Date: 06/21/2011

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2025

Date of Bureau of Fire Services Inspection if applicable: 4/11/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

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.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- 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 found to be in non-compliance with the following rules:

R 400.15204 **Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.**
- (d) Personal care, supervision, and protection.**
- (f) Safety and fire prevention.**

FINDINGS: Unable to verify these trainings for employee Shannon Ruiz and Kochi Nawabi.

R 400.15207 **Required personnel policies.**

(1) A licensee shall have written policies and procedures that include all of the following:

- (a) Mandatory reporting, including reporting that is required by law.**
- (b) Resident care related prohibited practices.**
- (c) Confidentiality requirements, including requirements specified in law.**
- (d) Training requirements.**
- (e) Resident rights.**
- (f) The process for reviewing the licensing statute and administrative rules.**

FINDINGS: Unable to verify written personnel policies for employees.

R 400.15208 **Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

- (f) Verification of reference checks.**

FINDINGS: Unable to verify reference check for employee Skylar Bradley.

R 400.15401 **Environmental health.**

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

FINDINGS: No lid on kitchen garbage.
R 400.15403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**
- (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

FINDINGS:

Ceiling exposed and in need of repair in laundry room extending out to hallway for the last 3 months.

Bedroom door to room 126 needs paint repair near doorknob.

Bedroom 127 bathroom sink detached from the wall in need of repair.

Bedroom 133 has no working toilet and toilet bowl is stored in shower.

Bedroom 134 private bath toilet seat off.

Bedroom 124 private bath needs shower ceiling to be repaired and finished properly.

Bedroom 118 closet door not attached to hinges for door to close/ open properly.

R 400.15410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

(d) At least 1 chair.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

FINDINGS: No chair in resident bedrooms 126 and 134. No bed in bedroom 124

A corrective action plan was requested and approved on 08/20/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

A handwritten signature in black ink that reads "Ondrea Johnson". The signature is written in a cursive style with a large initial 'O'.

Ondrea Johnson
Licensing Consultant

8/20/2025
Date