



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 21, 2025

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

RE: License #: AL390299685  
**Vibrant Life Senior Living Kalamazoo Lodge 1**  
**3700 W. Michigan Ave.**  
**Kalamazoo, MI 49006**

Dear Ms. Reese:

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. 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 #:** AL390299685

**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 1

**Facility Address:** 3700 W. Michigan Ave.  
Kalamazoo, MI 49006

**Facility Telephone #:** (269) 372-6100

**Original Issuance Date:** 06/21/2011

**Capacity:** 20

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/17/2025

Date of Bureau of Fire Services Inspection if applicable: 04/11/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 10  
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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



Ondrea Johnson  
Licensing Consultant

11/21/2025  
Date