



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 5, 2019

Lori McLaughlin
6203 Stadium Dr.
Kalamazoo, MI 49009

Dear Ms. McLaughlin

RE : AH390394454
North Woods Village at Kalamazoo
6203 Stadium Dr.
Kalamazoo, MI 49009

Dear Ms. McLaughlin:

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 will be renewed upon payment of the invoice. 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 .

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
P.O. Box 1407
Benton Harbor, MI 49022
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH39034454
Licensee Name:	MITN, LLC
Address:	6203 Stadium Dr. Kalamazoo, MI 49009
Telephone #:	(269) 397-2200
Authorized Representative:	Lori McLaughlin
Administrator:	Debra Murrey
Name of Facility:	North Woods Village at Kalamazoo
Facility Address:	6203 Stadium Dr. Kalamazoo, MI 49009
Facility Telephone #:	(269) 397-2200
Original Issuance Date:	03/11/2019
Capacity:	37
Program Type:	Aged, Alzheimer's

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/03/2019

Date of Bureau of Fire Services Inspection if applicable: 02/15/2019

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/03/2019

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 18
No. of others interviewed 7 Role Administrator, nurses, visitor, dietary staff, maintenance

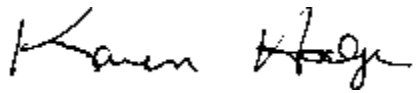
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Resident funds not managed by facility.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.



09/05/2019

Licensing Consultant

Date