



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 27, 2021

Cheryl Peters
Carveth Village of Middleville
690 W Main Street
Middleville, MI 49333

RE: License #: AH080236758
Carveth Village of Middleville
690 W Main Street
Middleville, MI 49333

Dear Ms. Peters:

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 until 7/24/2022. 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 (616) 204-4300.

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
(616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH080236758
Licensee Name:	Carveth Village Assisted Living
Licensee Address:	690 W Main St. Middleville, MI 49333
Licensee Telephone #:	(269) 795-4972
Authorized Representative:	Cheryl Peters
Administrator/Licensee Designee:	Steve Peters
Name of Facility:	Carveth Village of Middleville
Facility Address:	690 W Main Street Middleville, MI 49333
Facility Telephone #:	(269) 795-4972
Original Issuance Date:	04/30/1999
Capacity:	68
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/27/2021

Date of Bureau of Fire Services Inspection if applicable: 12/30/20 - A

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 7/27/2021

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 24

No. of others interviewed 0 Role N/A


- 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. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Reviewed disaster plans along with interviewed staff on policy 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: N/A
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.



7/27/21

Date

Licensing Consultant