



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 21, 2021

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

RE: License #: AL390299686  
**Vibrant Life Senior Living Kalamazoo 2**  
**3712 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-9037

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL390299686
<b>Licensee Name:</b>	New Friends Dementia Community, LLC
<b>Licensee Address:</b>	3700 W Michigan Ave Kalamazoo, MI 49006
<b>Licensee Telephone #:</b>	(734) 819-7790
<b>Licensee Designee:</b>	Catherine Reese
<b>Administrator:</b>	Catherine Reese
<b>Name of Facility:</b>	Vibrant Life Senior Living Kalamazoo 2
<b>Facility Address:</b>	3712 W. Michigan Ave. Kalamazoo, MI 49006
<b>Facility Telephone #:</b>	(269) 372-6100
<b>Original Issuance Date:</b>	06/21/2011
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/21/2021

Date of Bureau of Fire Services Inspection if applicable: 03/29/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 13  
No. of others interviewed [redacted] Role: [redacted]

- 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.  
No meal preparation at the time of inspection.
- 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:  
1/26/2021: 305(3), 204(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

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

*Michele Streeter*

07/21/2021

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Michele Streeter  
Licensing Consultant

Date