

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 30, 2022

Makenzi 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:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month license is renewed until 7/24/2023. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Julis huano

Grand Rapids, MI 49503

Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

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|----------------------------------|----------------------------------|
| License #: | AH080236758 |
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| Licensee Name: | Carveth Village Assisted Living |
| 2.001.000 110.1101 | Carrott rinago / tooletoa Erring |
| | |
| Licensee Address: | 690 W Main St. |
| | Middleville, MI 49333 |
| | , |
| Licensee Telephone #: | (269) 795-4972 |
| • | |
| Authorized Representative: | Steve Peters |
| | |
| Administrator/Licensee Designee: | Makenzi Peters |
| | |
| Name of Facility: | Carveth Village of Middleville |
| Trainio or Fuolity ! | Carrear vinage of minationing |
| Facility Address: | 690 W Main Street |
| r domity riddi ooo! | Middleville, MI 49333 |
| | Wilduleville, Wil 49555 |
| Facility Telephone #: | (269) 795-4972 |
| i acinty relephone #. | (200) 100-4012 |
| Original Issuance Date: | 04/30/1999 |
| Original Issuance Date: | U 4 /3U/1888 |
| Canacity | 68 |
| Capacity: | UO |
| Dragues Type: | ACED |
| Program Type: | AGED |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 6/30/2022 – No On-site inspection/Administrative Review |
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| Date of Bureau of Fire Services Inspection if applicable: BFS – A 3/9/2022 |
| Inspection Type: |
| Date of Exit Conference: 6/30/2022 - No On-site inspection |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role |
| 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. Meal preparation / service observed? Yes No If no, explain. |
| • Fire drills reviewed? Yes No If no, explain. |
| 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 is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

6/30/2022

Date
Licensing Consultant