



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 10, 2022

David Haase  
Nazareth Inc.  
3427 Gull Rd. PO Box 34  
Nazareth, MI 49074

RE: License #: AH390382559  
Nazareth Center  
2929 Nazareth Rd.  
Kalamazoo, MI 49048

Dear Mr, Haase:

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 the license has been renewed. Your 12-month license is effective until 10/25/2023. 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,

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  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH390382559
<b>Licensee Name:</b>	Nazareth Inc.
<b>Licensee Address:</b>	2929 Nazareth Rd. Nazareth, MI 49048
<b>Licensee Telephone #:</b>	(269) 218-8071
<b>Authorized Representative:</b>	David Haase
<b>Administrator/Licensee Designee:</b>	Mikayla MacRitchie
<b>Name of Facility:</b>	Nazareth Center
<b>Facility Address:</b>	2929 Nazareth Rd. Kalamazoo, MI 49048
<b>Facility Telephone #:</b>	(269) 381-6290
<b>Original Issuance Date:</b>	04/26/2019
<b>Capacity:</b>	76
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2022 No-Onsite Administrative Review Completed

Date of Bureau of Fire Services Inspection if applicable: BFS A – 12/14/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference:

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.



10/10/2022

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Licensing Consultant Date