



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 18, 2022

Brenda Moore
KAM Caring Service Inc.
915 Capital Ave. S.W.
Battle Creek, MI 49015

RE: License #: AS130360627
Jean Lane
532 Jean Lane
Battle Creek, MI 49015

Dear Ms. Moore:

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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License #: AS130360627

Licensee Name: KAM Caring Service Inc.

Licensee Address: 915 Capital Ave. S.W.
Battle Creek, MI 49015

Licensee Telephone #: (269) 209-0773

Licensee Designee: Brenda Moore

Administrator: Brenda Moore

Name of Facility: Jean Lane

Facility Address: 532 Jean Lane
Battle Creek, MI 49015

Facility Telephone #: (269) 964-4094

Original Issuance Date: 05/16/2014

Capacity: 5

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s) 11/17/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
No. of others interviewed 0 Role: 0

- 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. Licensee does not over see resident funds.
- Meal preparation / service observed? Yes No If no, explain. meals were not served 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

Kevin L. Sellers

11/18/2022

Kevin Sellers
Licensing Consultant

Date

Approved:

Dawn Timm

11/18/2022

Dawn Timm
Area Manager

Date