



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 25, 2023

Constance Hawthorne
Kambly Living Center
1003 North Ave
Battle Creek, MI 49017

RE: License #: AL130006927
Kambly Living Center East
1003 North Avenue
Battle Creek, MI 49017

Dear Ms. Hawthorne:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular license 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 #:	AL130006927
Licensee Name:	Kambly Living Center
Licensee Address:	1003 North Ave Battle Creek, MI 49017
Licensee Telephone #:	(269) 965-5539
Licensee Designee:	Constance Hawthorne
Administrator:	Constance Hawthorne
Name of Facility:	Kambly Living Center East
Facility Address:	1003 North Avenue Battle Creek, MI 49017
Facility Telephone #:	(269) 965-5539
Original Issuance Date:	02/01/1990
Capacity:	15
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2023

Date of Bureau of Fire Services Inspection if applicable: 03/10/2022

Date of Health Authority Inspection if applicable: 09/28/2022

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 12

No. of others interviewed 1 Role: Licensee

- 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.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Kevin L Sellers

01/12/2023

Kevin Sellers
Licensing Consultant

Date

Approved:

Dawn Timm

01/25/2023

Dawn Timm
Area Manager

Date