



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 #: AL130076986  
**Kambly Living Center West**  
**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**

<b>License #:</b>	AL130076986
<b>Licensee Name:</b>	Kambly Living Center
<b>Licensee Address:</b>	1003 North Ave Battle Creek, MI 49017
<b>Licensee Telephone #:</b>	(269) 965-5539
<b>Licensee Designee:</b>	Constance Hawthorne
<b>Administrator:</b>	Constance Hawthorne
<b>Name of Facility:</b>	Kambly Living Center West
<b>Facility Address:</b>	1003 North Avenue Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 317-1161
<b>Original Issuance Date:</b>	02/04/1998
<b>Capacity:</b>	15
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## 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

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Kevin Sellers  
Licensing Consultant

Date

Approved:

*Dawn Timm*

01/25/2023

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Dawn Timm  
Area Manager

Date