GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 2, 2024

Seth Ganton Vineyard Assisted Living, LLC 14420 S. Helmer Rd. Battle Creek, MI 49015

> RE: License #: AH390391941 Vineyard Assisted Living 8170 Vineyard Parkway Kalamazoo, MI 49009

Dear Seth Ganton:

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 effective until 7/31/2024. 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 (517) 284-9730.

Sincerely,

Julie hunde

Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH390391941	
Licensee Name:	Vineyard Assisted Living, LLC	
Licensee Address:	8170 Vineyard Parkway	
	Kalamazoo, MI 49009	
Licensee Telephone #:	(269) 775-0001	
Authorized Representative/Administrator:	Seth Ganton	
Representative/Autoinistrator.		
Name of Facility:	Vineyard Assisted Living	
Facility Address:	8170 Vineyard Parkway	
	Kalamazoo, MI 49009	
Facility Telephone #:	(269) 775-0001	
Original Issuance Date:	10/31/2018	
Capacity:	94	
Program Type:	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/2/2024; No On-site/Administrative Desk Review

Date of Bureau of Fire Services Inspection if applicable: 1/2/2024; BFS - C

Inspection Type:	☐Interview and Observation ☐Combination	Worksheet
Date of Exit Conference:		
No. of staff interviewed and No. of residents interviewe No. of others interviewed		
 Medication pass / simulated pass observed? Yes		
 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 cl	necked? Yes 🗌 No 🗌 If no,	explain.
Incident report follow-uCorrective action plan	p? Yes IR date/s: N// compliance verified? Yes	
• Number of excluded er	nployees 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.

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4/2/2024

Date

Licensing Consultant