



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 27, 2025

Maryann Lavender  
Good Samaritan Specialized Care, LLC  
5633 Embassy Street  
Kalamazoo, MI 49009

RE: License #: AS390417602  
**Good Samaritan West G. Ave**  
**2331 West G. Avenue**  
**Kalamazoo, MI 49006**

Dear Maryann Lavender:

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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

**License #:** AS390417602

**Licensee Name:** Good Samaritan Specialized Care, LLC

**Licensee Address:** 5633 Embassy Street  
Kalamazoo, MI 49009

**Licensee Telephone #:** (269) 341-3195

**Licensee/Licensee Designee:** Maryann Lavender

**Administrator:** Maryann Lavender

**Name of Facility:** Good Samaritan West G. Ave

**Facility Address:** 2331 West G. Avenue  
Kalamazoo, MI 49006

**Facility Telephone #:** (269) 341-3195

**Original Issuance Date:** 09/20/2024

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/13/2025

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 3

No. of residents interviewed and/or observed 2

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.
- 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**

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.



02/27/2025

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Eli DeLeon  
Licensing Consultant

Date