GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2025

Catherine Reese
New Friends Dementia Community, LLC
3700 W Michigan Ave
Kalamazoo, MI 49006

RE: License #: AL390299687
Investigation #: 2025A1024025
Vibrant Life Senior Living Kalamazoo Lodge 3

Dear Catherine Reese:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On May 16, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL390299687
Investigation #:	2025A1024025
Complaint Receipt Date:	04/21/2025
Investigation Initiation Date:	04/21/2025
Report Due Date:	06/20/2025
Licensee Name:	New Friends Dementia Community, LLC
Licensee Address:	3700 W Michigan Ave Kalamazoo, MI 49006
Licensee Telephone #:	(269) 372-6100
Administrator:	Laurel Space
Licensee Designee:	Catherine Reese
Name of Facility:	Vibrant Life Senior Living Kalamazoo Lodge 3
Facility Address:	3708 W. Michigan Ave. Kalamazoo, MI 49006
Facility Telephone #:	(269) 372-6100
Original Issuance Date:	04/23/2012
License Status:	REGULAR
Effective Date:	04/20/2023
Expiration Date:	04/19/2025
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff are not properly trained.	No
Resident A is not supervised properly because she received a black eye from a fall.	No
Resident A is not given her medications as prescribed.	Yes
The facility has roaches and there is nothing being done about it.	No

III. METHODOLOGY

04/21/2025	Special Investigation Intake 2025A1024025
04/21/2025	Special Investigation Initiated - On Site with administrator Laurel Space, direct care staff member Alexis Craft, Hailey Nichols, and Centrica Care hospice workers Vanessa Tillson and Anna Srof-Miller
04/22/2025	Contact - Document Received-Resident A's *Assessment Plan for AFC Residents*, Resident A's *Medication Administration Record* (MAR), *Orkin Service Reports*
05/07/2025	Exit Conference-with licensee designee Catherine Reese
05/07/2025	Inspection Completed-BCAL Sub. Compliance
05/07/2025	Corrective Action Plan Requested and Due on 05/16/2025
05/16/2025	Corrective Action Plan Received
05/16/2025	Corrective Action Plan Approved
06/09/2025	APS Referral not required as no allegation of abuse or neglect.

ALLEGATION: Staff are not properly trained.

INVESTIGATION:

On 4/18/2025, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged staff are not properly trained.

On 4/21/2025, I conducted an onsite investigation at the facility with administrator Laurel Space who stated that all staff are trained upon hire prior to them working with residents

to ensure that they are competent to work with residents and there are no staff members employed who have not been trained. Laurel Space further stated she recently terminated two employees, and she believes this complaint was made in retaliation.

I also interviewed Alexis Craft and Hailey Nichols who stated that they completed various trainings prior to working with residents as part of their orientation process and to their knowledge all staff members who are employed at the facility are adequately trained and have completed all required training.

While at the facility, I reviewed employee records for Laura Sykes, Andrea Richard, Keniya Brown, Lomachia Cox and Eva Butler who have completed training that meets administrative rule requirements.

APPLICABLE RULE	
R 400.15204	**Direct care staff; qualifications and training.**
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases.**
ANALYSIS:	Based on my investigation which included interviews with administrator Laurel Space, direct care staff member Alexis Craft, Hailey Nichols, and review of employee records, there is no evidence to support the allegation staff are not properly trained. According to Laurel Space all staff are trained upon hire prior to them working with residents to ensure that they are competent to work with residents and there are no staff members employed who have not been trained. Alexis Craft and Hailey Nichols also both stated that they completed various trainings prior to working with residents as part of their orientation process. I reviewed employee records for Laura Sykes, Andrea Richard, Keniya Brown, Lomachia Cox and Eva Butler and determined all completed required training. Staff are properly trained.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident A is not supervised properly because she received a black eye from a fall.

INVESTIGATION:

This complaint also alleged Resident A is not supervised properly because she received a black eye due to a fall.

On 4/21/2025, I conducted an onsite investigation at the facility with administrator Laurel Space who stated that she was notified that Resident A had an unwitnessed fall while she was in the living room sitting in her Broda chair. Laurel Space stated staff immediately contacted hospice for further instruction after the incident. Laurel Space stated she has no concerns about this incident as Resident A has a history of sliding out of her chair or bed to get attention from staff members. Laurel Space stated she believes staff members responded to the incident appropriately by immediately assisting Resident A when they heard her fall and contacted hospice for further guidance. Laurel Space stated that Resident A does not require specialized supervision and routine hospice services are in place to accommodate Resident A's additional personal care needs.

I also interviewed Alexis Craft who stated that she was notified by staff that Resident A had an unwitnessed fall while she was sitting in the living room. Alexis Craft stated this is a common occurrence for Resident A because Resident A intentionally will slide out of her chair or slide off her bed. Alexis Craft stated this incident caused Resident A to sustain bruising above her eye therefore hospice was contacted right away to get further instructions. Alexis Craft stated hospice providers came out to evaluate Resident A after the incident. Alexis Craft stated staff perform routine checks every two hours while Resident A is in her bedroom and monitor her when she is out in the common areas to watch for signs of agitation. Alexis Craft stated that this is when Resident A typically likes to slide on the floor. Alexis Craft stated she believes staff members handled the incident appropriately by contacting hospice who came out right away to evaluate Resident A.

I also interviewed Hailey Nichols who stated that she was working when Resident A recently fell out on to the floor while she was sitting in her chair in the living room. Hailey Nichols stated Resident A tends to slide out of her bed or chair if she is upset about something or in a bad mood. Hailey Nichols stated on 4/20/2025 while she was in the medication room, she heard Resident A scream therefore she and another staff member ran out and found Resident A on the floor near her chair with a cut to her eye. Hailey Nicholes stated that because of this injury hospice was called. Hailey Nichols stated hospice staff came out to the facility within an hour of contact. Hailey Nichols also stated hospice evaluated and treated Resident A for her injury and she seems to be doing better.

I also interviewed hospice workers Vanessa Tillison and Anna Srof-Miller who both stated that they regularly work with Resident A who has a history of intentionally falling

while in her chair or out of her bed which is part of her target behaviors due to her health condition. Vanessa Tillison and Anna Srof-Miller both stated that hospice was contacted on 4/20/2025 when Resident A fell of her chair causing her to sustain bruising above her eye. Both stated a hospice staff member came out to evaluate Resident A immediately after the incident. In addition, these staff members both stated that Resident A's medications have been recently modified to help with reducing Resident A's target behaviors and hospice continues to come out frequently to monitor any adverse effects of Resident A's medication change. Vanessa Tillison and Anna Srof-Miller further both stated that they frequently visit Resident A, and they believe staff members are responding to Resident A's needs very well and communicate with hospice workers regularly therefore they have no concerns.

While at the facility, I reviewed Resident A's *Incident Report* dated 4/20/2025 which stated at 3:00pm staff was counting medications and they heard Resident A scream and saw that she titled her broader chair and was found on the floor therefore staff assisted Resident A off the floor and contacted hospice who came out and treated her injury above her eyebrow caused by the fall.

I observed Resident A watching television in the living room. I was unable to interview Resident A due to her cognitive ability.

On 4/22/2025, I reviewed Resident A's *Assessment Plan* (plan) dated 8/6/2024. According to this plan, Resident A is diagnosed with vascular dementia with a mood disturbance and suicidal attempts. This plan stated that Resident A requires monitoring every two hours after 11pm to help manage and redirect self-injurious behaviors, suicidal thoughts and behaviors.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	Based on my investigation which included interviews with administrator Laurel Space, direct care staff member Alexis Craft, Hailey Nichols, hospice case managers Vanessa Tillison and Anna Srof-Miller, review of facility's incident report, Resident A's assessment plan, there is no evidence to support the allegation Resident A is not supervised properly because she received a black eye due to a fall. Laurel Space, Alexis Craft, Haily Nichols all stated that Resident A had an unwitnessed fall while sitting in the living room and staff responded appropriately by contacting hospice who came out immediately for evaluation and treatment. Vanessa Tillison and Anna Srof-Miller also both stated that hospice was immediately contacted by staff on 4/20/2025 when Resident A fell out of her chair causing her to sustain bruising above her eye. Both confirmed a hospice staff member came out to evaluate and treat. Hospice staff stated they believe staff responded appropriately. Resident A's protection and safety has been attended to.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident A is not given her medications as prescribed.

INVESTIGATION:

This complaint also alleged Resident A is not given her medications as prescribed.

On 4/21/2025, I conducted an onsite investigation at the facility with administrator Laurel Space and direct care staff members Alexis Craft who both stated that they have no knowledge of Resident A not getting her medications regularly as prescribed and have no knowledge of any medication errors for Resident A.

Hailey Nichols stated that Resident A gets her medications as prescribed however there are PRN medications that Resident A has not been able to take in April 2025 because staff failed to contact Resident A's hospice worker or facility director of nursing to inform them that Resident A had run out of these medications and needed a new script.

While at the facility, I reviewed Resident A's Medication Administration Records (MAR) for the months November 2024 through April 2025 and found that medications Nystatin Powder, Nitroglycerin .4mg, and Loperamide 5 mg were not administered to Resident A in April of 2025 because these medications had run out and were not refilled. I inspected Resident A's medications observed in their original supplied container and found Resident A missing these same medications that are prescribed to be taken as needed.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Based on my investigation which included interviews with administrator Laurel Space, direct care staff members Alexis Craft, Hailey Nichols, review of Resident A's MAR and medications there is evidence to support the allegation Resident A is not given her medications regularly as prescribed. Hailey Nichols stated Resident A gets her medications as prescribed however there are PRN medications that Resident A has not been able to take in April 2025 because staff failed to contact Resident A's hospice worker or facility director of nursing to inform them that Resident A had run out of these medications and needed a new script. I reviewed Resident A's Medication Administration Records (MAR) for the months November 2024 through April 2025 and found that medications Nystatin Powder, Nitroglycerin .4mg, and Loperamide 5 mg were not administered to Resident A in April of 2025 because these medications had run out and were not refilled timely. I inspected Resident A's medications observed in their original supplied container and found Resident A missing these same medications that are prescribed to be taken as needed therefore Resident A has not been administered her medication as prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The facility has roaches and there is nothing being done about it.

INVESTIGATION:

This complaint also alleged the facility has roaches and there is nothing being done about it.

On 4/21/2025, I conducted an onsite investigation at the facility with administrator Laurel Space, Alexis Craft and Hailey Nichols who all stated they have not seen roaches in the

facility however that there is a pest control program in place for Orkin to come out to inspect and treat the facility as a preventive measure.

I also interviewed hospice case workers Vanessa Tillson and Anna Srof-Miller who both stated that they visit the facility regularly to see various residents who participates in their hospice program, and they have not seen signs of bugs or roaches in the facility.

While at the facility, I inspected the common areas and kitchen area and saw no signs of bugs or roaches in the facility.

On 4/22/2025, I reviewed *Orkin Service Reports* dated 1/10/2025, 2/14/2025, 3/14/2024, 4/11/2025 which showed that the facility was inspected and treated for insects and pest.

APPLICABLE RULE	
R 400.15401	**Environmental health.**
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Based on my investigation which included interviews with administrator Laurel Space, direct care staff members Alexis Craft, Hailey Nichols, hospice case managers Vanessa Tillson and Anna Srof-Miller there is no evidence to support the allegation the facility has roaches and there is nothing being done about it. Laurel Space, Alexis Craft and Hailey Nichols all stated they have not seen roaches in the facility however there is a pest control program in place for Orkin to come out to inspect and treat the facility as a preventive measure. Vanessa Tillson and Anna Srof-Miller also both stated that they visit the facility regularly to see various residents who participates in their hospice program, and they have not seen signs of bugs or roaches in the facility. I reviewed *Orkin Service Reports* dated 1/10/2025, 2/14/2025, 3/14/2024, and 4/11/2025 which showed that the facility was inspected and treated for insects and pest. The facility has an appropriate pest control program in place.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 5/7/2025, I conducted an exit conference with licensee designee Catherine Reese. I informed Catherine Reese of my findings and allowed her an opportunity to ask questions and make comments.

On 5/16/2025, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan was received therefore I recommend the current license status remain unchanged.

06/08/2025

Ondrea Johnson
Licensing Consultant

Date

Approved By:

06/09/2025

Dawn N. Timm
Area Manager

Date