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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 16, 2025

Amy Rogers Hawthorn Landing 600 Golden Drive Kalamazoo, MI 49001

RE: License #: AH390236775

Hawthorn Landing 600 Golden Drive Kalamazoo, MI 49001

#### Dear Amy Rogers:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Receipt of an acceptable corrective action plan is requested and due by 7/31/2025. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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) 335-5985.

Sincerely,

Julie Viviano, Licensing Staff

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa. N.W.

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Grand Rapids, MI 49503

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

#### I. IDENTIFYING INFORMATION

License #:	AH390236775
Licensee Name:	Heritage Community of Kalamazoo
Licensee Address:	2400 Portage St.
	Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-5345
Administrator/Licensee Designee:	Amy Rogers
Name of Escilitus	Houthorn Londing
Name of Facility:	Hawthorn Landing
Facility Address:	600 Golden Drive
Tuomity Address.	Kalamazoo, MI 49001
	,
Facility Telephone #:	(269) 349-8694
Original Issuance Date:	03/01/1974
Capacity:	89
	1050
Program Type:	AGED
	ALZHEIMERS

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s)	: 07/15/2025	
Date of Bureau of Fire Service	ces Inspection if applicable: N	/A
Inspection Type:	Interview and Observation Combination	⊠Worksheet
Date of Exit Conference: 7/1	15/2025	
No. of staff interviewed and/o No. of residents interviewed No. of others interviewed		12 23
Medication pass / simula	ated pass observed? Yes ⊠	No ☐ If no, explain.
explain.  ■ Resident funds and assorted No If no, explain.	cation records(s) reviewed? Nociated documents reviewed foliain. The home does not hold be observed? Yes 🖂 No 🗌	or at least one resident? d resident funds in trust.
Reviewed disaster plans	s	•
•	Yes IR date/s: N/Acompliance verified? Yes (1) (N/Acompliance verified? Yes (1) (N/Acompliance verified)	CAP date/s and rule/s: N/A

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority.
ANALYSIS:	Review of eight resident records revealed one resident TB screening was completed after the resident was admitted to the facility. A resident TB screening must be performed by the local health professional 12 months prior to admission to the facility.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	Inspection revealed no record of a meal census, which is the kind and amount of food used in the facility, for the preceding 3-months.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:
	(a) A separate soiled linen storage room.
	(b) A separate clean linen storage room.

ANALYSIS:	Inspection revealed items other than soiled linens were stored in the soiled linen room. Soiled linens are to be stored separately to prevent risk of cross-contamination.
	Inspection also revealed clean linens were found on an unsecured cart in the bathroom on floor 2 in the facility. Clean linens are to be stored separately and are not to be stored on an unsecured cart in the bathroom. Clean linens must have a separate storage area/room to prevent risk of crosscontamination.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
ANALYSIS:	Inspection revealed nine resident room refrigerators did not have a reliable thermometer for the refrigerator or freezer.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1979	General maintenance and storage.	
	(3) Hazardous and toxic materials shall be stored in a safe manner.	
ANALYSIS:	Inspection revealed hazardous and toxic chemicals were found in an unlocked lower cabinet and on the kitchenette counter in the memory care unit. The items were easily accessible to anyone in the facility, and this presents a potential risk of ingestion, harm and/or injury to residents in the home with impaired cognition and/or function.	
CONCLUSION:	VIOLATION ESTABLISHED	

### IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 7/31/2025.

7/16/02025

Date

Licensing Consultant