



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2025

Amy Rogers
Meilland Square Assisted Living
620 Phillips Street
Kalamazoo, MI 49001

RE: License #: AH390244166
Meilland Square Assisted Living
620 Phillips Street
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.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH390244166
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 Facility:	Meilland Square Assisted Living
Facility Address:	620 Phillips Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 385-9740
Original Issuance Date:	12/04/2001
Capacity:	40
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 7/15/2025

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 11

No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 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 four resident records revealed one resident TB screening could not be located in the record. It was also revealed that one resident TB screening was completed the same day as the resident's admission 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 325.1975	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. (c) A separate laundry processing room with handwashing facilities in a home that processes its own linen.
ANALYSIS:	Inspection revealed clean linens were found on the floor in the clean linen storage area. Other items such as mop pads were stored on the floor in the clean linen storage area as well. Clean linens are to be stored separately and are not to be stored on the floor or with any other housekeeping items. Clean linens must have a separate storage area/room to prevent risk of cross-contamination.

	Inspection also revealed a used wheelchair, power outage storage supplies, and other items were stored in the laundry processing area. To prevent risk of cross-contamination, the laundry processing area is not to be used as a storage area for items that are not related to the processing of laundry and linens.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
ANALYSIS:	Review of the dishwasher sanitization logs from June 2025 to July 2025 revealed incomplete and/or blank entries of dishwasher sanitization temperatures. It could not be determined if the dishwasher was tested thoroughly to ensure cleanliness and sanitization of dishware and utensils due to the incomplete and/or blank entries.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
ANALYSIS:	Review of the refrigerator and freezer temperature logs from June 2025 to July 2025 revealed incomplete and/or blank entries. Due to the incomplete and/or blank temperature log entries, it could not be determined if the refrigerator and freezer temperatures were tested thoroughly to ensure foods were stored appropriately to protect against spoilage.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Julie Marino

7/31/2025

Date

Licensing Consultant