



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2026

Christina Cotton  
LakeHouse Kalamazoo  
5364 Greenmeadow  
Kalamazoo, MI 49009

RE: License #: AH390378211  
**LakeHouse Kalamazoo**  
**5364 Greenmeadow**  
**Kalamazoo, MI 49009**

Dear Christina Cotton:

Attached is the Licensing Survey 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. 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**

<b>License #:</b>	AH390378211
<b>Licensee Name:</b>	Kalamazoo AL LLC
<b>Licensee Address:</b>	5364 Greenmeadow Drive Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(646) 844-3600
<b>Authorized Representative:</b>	Christina Cotton
<b>Administrator/Licensee Designee:</b>	Marianne Love
<b>Name of Facility:</b>	LakeHouse Kalamazoo
<b>Facility Address:</b>	5364 Greenmeadow Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 353-0416
<b>Original Issuance Date:</b>	04/24/2017
<b>Capacity:</b>	61
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2026

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

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 3/4/2026

No. of staff interviewed and/or observed

15

No. of residents interviewed and/or observed

No. of others interviewed  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 keep 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:

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Review of 6 resident records revealed that one resident's TB screening was completed the same day as admission. A resident TB screening must be completed 12 months prior to admission. Therefore, the facility is in violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure.</b>
<b>ANALYSIS:</b>	Review of 6 employee records revealed that while employees received the TB screenings, one employee's TB screening was completed outside of the 10 days of hire. Therefore, the facility is in violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>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.</b>

<b>ANALYSIS:</b>	Inspection revealed the meal census and food records from the preceding three months were missing and/or not completed. It could not be determined the kind of food or the amount of food that was served during the preceding 3-month period. Therefore, the facility is in violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and be maintained in a clean and sanitary condition, and in good repair.</b>
<b>ANALYSIS:</b>	Inspection revealed refrigerator door surface, prep table surfaces, countertops etc. were not clean or maintained in a sanitary condition. Therefore, the facility is in violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Inspection revealed there were no dishwasher sanitization logs completed for the preceding three months. It could not be determined if the dishwasher was tested thoroughly to ensure cleanliness and sanitization of dishware and utensils due to the missing dishwasher sanitization logs. Therefore, the facility is in violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
<b>ANALYSIS:</b>	<p>Inspection revealed multiple food items were found unlabeled in the main kitchen refrigerator, freezer, employee lounge, and activities refrigerator and freezer. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on all food items served to residents in the facility once opened.</p> <p>Also, scoops were found stored in the brown sugar container and regular sugar container in the main kitchen. Scoops cannot be stored in food containers, as this poses a risk for cross-contamination. Therefore, the facility is in violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
<b>ANALYSIS:</b>	<p>Inspection revealed hazardous and toxic chemicals were found easily accessible in the main dining room under the sink and in the conference room cabinet. Also, the activities room was found unlocked with the doors open and easily accessible to anyone in the home. Hazardous and/or toxic items and/or chemicals that are easily accessible to anyone in the facility present a potential risk of ingestion, harm, and/or injury to residents in the home with impaired cognition and/or function. Therefore, the facility is in violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Due to the violations found, an acceptable corrective action plan is requested and due by 3/20/2026.

*Julie Hinds*

3/5/2026

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Date

Licensing Consultant