



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 19, 2026

Kalkaska Memorial Assisted Living  
509 S. Orange Street  
Kalkaska, MI 49646

RE: License #: AH400295173  
Kalkaska Memorial Assisted Living  
509 S. Orange Street  
Kalkaska, MI 49646

Dear Licensee:

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 home for the aged authorized representative and a date.

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 feel free to contact the local office at (877) 458-2757.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH400295173
<b>Licensee Name:</b>	Kalkaska Memorial Hospital
<b>Licensee Address:</b>	419 S Coral St Kalkaska, MI 49646
<b>Licensee Telephone #:</b>	(231) 258-7501
<b>Administrator/Authorized Representative:</b>	Andrew Raymond
<b>Name of Facility:</b>	Kalkaska Memorial Assisted Living
<b>Facility Address:</b>	509 S. Orange Street Kalkaska, MI 49646
<b>Facility Telephone #:</b>	(231) 258-3033
<b>Original Issuance Date:</b>	11/03/2009
<b>Capacity:</b>	40
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2026

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

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 05/18/2026

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role

- 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. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services (BFS) reviews fire drills, disaster plans were reviewed with staff
- 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? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in noncompliance with the following rules:

<b>R 325.1964</b>	<b>Interiors.</b>
	<p><b>(9) Ventilation shall be provided throughout the facility in the following manner:</b></p> <p><b>(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.</b></p> <p><b>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</b></p>
<b>ANALYSIS:</b>	Inspection of the bathrooms in resident rooms on the second floor revealed the minimum of 10 air changes per hour of continuously operated exhaust ventilation that provides discernable air flow was not occurring. As a result, the facility was not in compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.</b></p>
<b>ANALYSIS:</b>	Inspection of the walk-in freezer in the kitchen revealed there were open grease waste cans on the floor, as well as an uncovered container of ground beef on one of the shelving units. As a result, the facility was not in compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



05/19/2026

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Date

Licensing Consultant