GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2026

Seth Ganton
Vineyard Assisted Living, LLC
14420 S. Helmer Rd.
Battle Creek, MI 49015

RE: License #: AH390391941
Vineyard Assisted Living
8170 Vineyard Parkway
Kalamazoo, MI 49009

Dear Seth Ganton:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

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

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH390391941
Licensee Name:	Vineyard Assisted Living, LLC
Licensee Address:	8170 Vineyard Parkway Kalamazoo, MI 49009
Licensee Telephone #:	(269) 775-0001
Authorized Representative/Administrator:	Seth Ganton
Name of Facility:	Vineyard Assisted Living
Facility Address:	8170 Vineyard Parkway Kalamazoo, MI 49009
Facility Telephone #:	(269) 775-0001
Original Issuance Date:	10/31/2018
Capacity:	85
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/16/2026

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

Inspection Type: ☐Interview and Observation ☒Worksheet ☐Combination

Date of Exit Conference: 6/16/2026

No. of staff interviewed and/or observed 12
No. of residents interviewed and/or observed 47
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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Reviewed disaster plans and interviewed staff on policies and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.

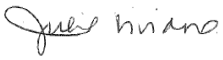
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

The Licensing Study Report is complete. No violation(s) found.



6/16/2026

_____

Date

Licensing Consultant