



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 25, 2023

Gloria Mihelich  
3113 Parchmount Ave.  
Kalamazoo, MI 49004

RE: License #: AF390415347  
**Butterfly Oasis**  
**3113 Parchmount Ave.**  
**Kalamazoo, MI 49004**

Dear Gloria Mihelich:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390415347
<b>Licensee Name:</b>	Gloria Mihelich
<b>Licensee Address:</b>	3113 Parchmount Ave. Kalamazoo, MI 49004
<b>Licensee Telephone #:</b>	(269) 342-5772
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Butterfly Oasis
<b>Facility Address:</b>	3113 Parchmount Ave. Kalamazoo, MI 49004
<b>Facility Telephone #:</b>	(269) 615-4762
<b>Original Issuance Date:</b>	03/29/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.



Ondrea Johnson  
Licensing Consultant

9/25/2023  
Date