



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2024

Felicia Evans  
Community Living Options  
626 Reed Street  
Kalamazoo, MI 49001

RE: License #: AS390011454  
**Portage Road Home**  
**3527 Portage**  
**Kalamazoo, MI 49001**

Dear Felicia Evans:

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390011454
<b>Licensee Name:</b>	Community Living Options
<b>Licensee Address:</b>	626 Reed Street Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 343-6355
<b>Licensee/Licensee Designee:</b>	Felicia Evans, Designee
<b>Administrator:</b>	Fiorella Spalvieri
<b>Name of Facility:</b>	Portage Road Home
<b>Facility Address:</b>	3527 Portage Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 462-6435
<b>Original Issuance Date:</b>	06/02/1991
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2024

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

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.

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

Ondrea Johnson  
Licensing Consultant

12/05/2024  
Date