



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 15, 2025

Shakiyla Bradford  
COMFORTCAREASSISTEDLIVING, LLC  
1300 Sherwood Ave  
Kalamazoo, MI 49048

RE: License #: AS390419204  
**Comfort Care Assisted Living**  
**665 E Xy Ave**  
**Vicksburg, MI 49097**

Dear Mr./Ms. Bradford:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 contact the local office at (517) 335-5985.

**FOR CDC ONLY**

Per MCL 722.113g, this report must be filed in your licensing notebook.

Sincerely,

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390419204
<b>Licensee Name:</b>	COMFORTCAREASSISTEDLIVING, LLC
<b>Licensee Address:</b>	1300 Sherwood Ave Kalamazoo, MI 49048
<b>Licensee Telephone #:</b>	(269) 550-6582
<b>Administrator/Licensee Designee:</b>	Shakiyla Bradford, Designee
<b>Name of Facility:</b>	Comfort Care Assisted Living
<b>Facility Address:</b>	665 E Xy Ave Vicksburg, MI 49097
<b>Facility Telephone #:</b>	(269) 550-6582
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. Purpose of Addendum**

**III. Methodology**

**IV. Description of Findings and Conclusions**

**V. Recommendation**

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Eli DeLeon  
Licensing Consultant

Date