



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 8, 2024

Lisa Woodruff  
Butterfly Oasis, LLC  
34012 Fredrick Street  
PAW PAW, MI 49079

RE: Application #: AS390418040  
**Butterfly Oasis**  
**3113 Parchmount Avenue**  
**Kalamazoo, MI 49004**

Dear Lisa Woodruff:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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) 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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390418040
<b>Applicant Name:</b>	Butterfly Oasis, LLC
<b>Applicant Address:</b>	34012 Fredrick Street PAW PAW, MI 49079
<b>Applicant Telephone #:</b>	(269) 547-7630
<b>Licensee Designee:</b>	Lisa Woodruff
<b>Administrator:</b>	Lisa Woodruff
<b>Name of Facility:</b>	Butterfly Oasis
<b>Facility Address:</b>	3113 Parchmount Avenue Kalamazoo, MI 49004
<b>Facility Telephone #:</b>	(269) 547-7630
<b>Application Date:</b>	11/13/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

08/30/2023	PSOR on Address Completed
11/13/2023	Enrollment
11/14/2023	File Transferred To Field Office Lansing via SharePoint
11/15/2023	Contact - Document Received-Facility Files
11/17/2023	Application Incomplete Letter Sent
11/21/2023	Contact - Document Received-Facility Files
11/29/2023	Contact - Document Received-Licensee Documents
12/15/2023	Contact - Document Received-Electrical Inspection Report
12/20/2023	Application complete-On-site needed
12/20/2023	Inspection Completed On-site
12/28/2023	Contact - Document Received-Furnace inspection received
12/28/2023	Contact-Document Received-Smoke Alarm system inspection report
12/28/2023	Inspection Complete
12/28/2023	Confirming Letter Sent
12/28/2023	Contact-Document Received-Furnace inspection
1/02/2023	Contact-Document Received-Fire safety inspection
1/02/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility has been licensed as an adult foster home since 2007 and is now undergoing a change in licensee or a change in ownership.

This is a single-story remodeled brick home with a full basement located in a residential neighborhood in the city of Parchment. The home is near grocery stores, schools, restaurants, and churches. The main level includes 6 residential bedrooms, 1 full bathroom with a shower for residents, 1 half bathroom for residents, living room, dining

room, and kitchen. The basement of the home includes a living room, storage rooms, and a furnace room. The home is wheelchair accessible and has at least two approved means of egress that are wheelchair accessible from the first floor. The home can accommodate wheelchairs throughout the main level of the home. The home utilizes public water supply and sewage disposal system.

The gas furnace and water heater are located in the basement in an enclosed furnace room constructed of material which has a 1-hour-fire resistance rating that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement at the top of the stairs is equipped with a closing device and positive latching hardware creating floor separation. On 7/17/2023, the furnace was inspected and was determined to be fully operational.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. Smoke detectors were located on each level of the home, in sleeping areas, and in areas of the home that contain heat producing equipment. The facility is equipped with fire extinguishers which are located on each floor of the home.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1" x 134"	174 sq ft	1
2	12'10" x 9'8"	123 sq ft	1
3	9'6" x 9'8"	87 sq ft	1
4	9' x 10'	90 sq ft	1
5	9' x 10'	90 sq ft	1
6	9' x 10'	90 sq ft	1

The indoor living and dining areas measure a total of 333 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 male and/or female residents who are aged, physically handicapped, and traumatically brain-injured. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept residents with private sources for payment.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Butterfly Oasis, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 8/17/2023. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Butterfly Oasis, L.L.C. have submitted documentation appointing Lisa Woodruff as licensee designee and administrator for this facility.

Criminal history background check of Lisa Woodruff was completed, and she was determined to be of good moral character to provide licensed adult foster care. Lisa Woodruff submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Lisa Woodruff provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Lisa Woodruff is a licensed nurse practitioner with over 10 years’ experience and has direct care experience with aged, physically handicapped, and traumatically brained injured populations since 2003.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term

Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

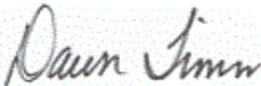
I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.



Ondrea Johnson  
Licensing Consultant

12/28/2023  
Date

Approved By:



01/08/2024

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Dawn N. Timm  
Area Manager

Date