



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 26, 2025

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

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

Dear Shakiyla Bradford:

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 5 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) 335-5985.

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
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS390419204
Licensee Name:	COMFORTCAREASSISTEDLIVING, LLC
Licensee Address:	1300 Sherwood Ave Kalamazoo, MI 49048
Licensee Telephone #:	(269) 550-6582
Administrator:	Shakiyla Bradford
Licensee Designee:	Shakiyla Bradford
Name of Facility:	Comfort Care Assisted Living
Facility Address:	665 E Xy Ave Vicksburg, MI 49097
Facility Telephone #:	(269) 550-6582
Application Date:	02/05/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/05/2025	On-Line Enrollment
02/06/2025	PSOR on Address Completed
02/06/2025	Contact - Document Sent forms sent
02/06/2025	Contact - Telephone call received licensee has confusion and wants to change name of licensee and add another ID
02/11/2025	Contact - Document Received
02/12/2025	File Transferred To Field Office
02/13/2025	Application Incomplete Letter Sent
03/16/2025	Contact-Documentation Reviewed. -Emergency evacuation plan, training documentation, program statement, job descriptions, refund agreement, admission policy, medical clearance, TB results, HVAC Inspection.
03/17/2025	Contact-Document Sent -Application Incomplete Letter.
03/28/2025	Contact-Document Received -Application for Specialized Certification.
03/31/2025	Contact-Document Sent -Application Incomplete Letter.
04/04/2025	Contact-Document Received -Education, Revised Personnel Policies.
04/07/2025	Contact-Documentation -Proposed Staffing, Written Procedures. Permission to Inspect, Permission to Operate, Deed, Floor Plan, Revised Policies.
04/08/2025	Contact-Documentation -Revised Policies.
04/09/2025	Contact-Documentation -Revised Policies.
04/14/2025	Contact-Documentation -Revised Policies.

04/28/2025	Contact-Documentation -Revised Floor Plan.
04/28/2025	Inspection Completed On-site.
05/02/2025	Contact-Document Sent -Confirming Letter.
05/26/2025	Contact-Documentation Received. -Facility Photographs.
05/30/2025	Inspection Completed On-site.
05/30/2025	Contact-Document Sent -Confirming Letter.
06/04/2025	Contact-Documentation -Mandatory Reporting Policy.
06/06/2025	Contact-Document Sent -Confirming Letter.
06/12/2025	Contact-Documentation Reviewed -Facility Photographs.
06/17/2025	Inspection Completed On-site. BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story, ranch home located in a rural area in the Village of Vicksburg. The property is owned by Shaun Willis 665 East XY, LLC. On file is proof of property ownership, permission to inspect, and documentation that Shakiyla Bradford has permission to operate a licensed adult foster care at this location. This facility is approximately four miles from Bronson Family Medicine. There are multiple restaurants and convenience stores, as well as several churches and parks located within four miles of the home. Staff and visitor parking is located near the front entry of the home with an elongated driveway.

On the main floor is one full bathroom, one half bathroom, one private resident bedroom, two semi-private resident bedrooms, a large living room, dining area, laundry room, and kitchen. One means of egress is in the living room while another means of

egress is in the laundry room. This facility is not wheelchair accessible. This facility has public water and sewer systems.

The electric ceiling heat and electric water heater were inspected on 02/24/2025 and are fully operational. The electric ceiling heat is inaccessible from the main floor and fully enclosed in the attic of this facility, creating floor separation. A 20-minute fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed water heater on the basement floor and accessible from a central hallway, creating floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'7" X 12'1"	164	2
2	11'1" X 14'7"	161	2
3	11'1" X 10'1"	111	1

The living, dining, and sitting room areas measure a total of 300 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's *Assessment Plans for AFC Residents* and individual plans of service. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male or female ambulatory adults whose diagnosis is developmentally disabled and mentally ill in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as

identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide transportation for program and medical needs as specified in the Resident Care Agreement. The facility will make provisions for a variety of leisure and recreational equipment, in addition to utilizing local community resources for recreational activities to provide an environment to enhance the quality of life for residents.

C. Applicant and Administrator Qualifications

The applicant is COMFORTCAREASSISTEDLIVING, LLC, and it is a “Domestic Limited Liability Company” which was incorporated on January 15, 2025. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status, and that Shakiyla Bradford is the Resident Agent.

The applicant submitted a financial statement and established a budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Shakiyla Bradford is the sole board member of COMFORTCAREASSISTEDLIVING, LLC, and she has stated in writing, the appointment of herself, as the Licensee Designee and Administrator for the facility.

A criminal background check of Shakiyla Bradford was completed, and Shakiyla Bradford is determined to be of good moral character to provide licensed adult foster care. Shakiyla Bradford submitted a medical clearance request with statements from her physician documenting her good health and current negative tuberculosis test results.

Shakiyla Bradford has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Shakiyla Bradford has provided copies of the successful completion of her education and training. Shakiyla Bradford has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion. Shakiyla Bradford has over five years of experience providing direct care in a licensed adult foster care with the populations that will be served in this home.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff for five 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 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 acknowledged 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) 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 indicated resident medication will be stored in a locked cabinet and 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 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 resident 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 five (5) residents.



06/24/2025

Eli DeLeon
Licensing Consultant

Date

Approved By:



06/26/2025

Dawn N. Timm
Area Manager

Date