



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 2, 2026

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

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

Dear Ms. Woodruff:

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.

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 335-5985.

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>                  | AS390418040                                                   |
| <b>Licensee Name:</b>              | Butterfly Oasis, LLC                                          |
| <b>Licensee Address:</b>           | 34012 Fredrick Street<br>PAW PAW, MI 49079                    |
| <b>Licensee Telephone #:</b>       | (269) 547-7630                                                |
| <b>Licensee/Licensee Designee:</b> | Lisa Woodruff                                                 |
| <b>Administrator:</b>              | Lisa Woodruff                                                 |
| <b>Name of Facility:</b>           | Butterfly Oasis                                               |
| <b>Facility Address:</b>           | 3113 Parchmount Avenue<br>Kalamazoo, MI 49004                 |
| <b>Facility Telephone #:</b>       | (269) 547-7630                                                |
| <b>Original Issuance Date:</b>     | 01/08/2024                                                    |
| <b>Capacity:</b>                   | 6                                                             |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>AGED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2026

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 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 found to be in non-compliance with the following rules:

**R 400.619                      Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

FINDINGS: Licensee have not practiced fire drills at least once a quarter per calendar year during each shift of 7 am to 3pm, 3pm to 11pm and 11pm to 7am.

**R 400.645                      Environmental health.**

**(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.**

FINDINGS: Water temperature at kitchen faucet reads at 92 degrees F which is below 105 degrees Fahrenheit.

**R 400.661                      Bedroom furnishings.**

**(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.**

FINDINGS: Resident bedrooms are not equipped with an appropriate mirror equipped for grooming.

**R 400.663                      Nutrition; adoption by reference.**

**(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.**

FINDINGS: Menus are not written at least 1 week in advance and are not posted.

**R 400.741                      Fire extinguishers.**

**A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use in a facility on each occupied floor and in the basement.**

FINDINGS: The facility has multi-purpose fire extinguishers that weigh less than 5 pounds.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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

Ondrea Johnson  
Licensing Consultant

7/2/2026

Date