



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 19, 2026

Sarah Gue  
Community Living Options  
626 Reed Street  
Kalamazoo, MI 49001

RE: License #: AS390317402  
**Farrell**  
**805 Farrell**  
**Kalamazoo, MI 49006**

Dear Ms. Gue:

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>              | AS390317402                            |
| <b>Licensee Name:</b>          | Community Living Options               |
| <b>Licensee Address:</b>       | 626 Reed Street<br>Kalamazoo, MI 49001 |
| <b>Licensee Telephone #:</b>   | (269) 343-6355                         |
| <b>Licensee Designee:</b>      | Sarah Gue                              |
| <b>Administrator:</b>          | Fiorella Spalvieri                     |
| <b>Name of Facility:</b>       | Farrell                                |
| <b>Facility Address:</b>       | 805 Farrell<br>Kalamazoo, MI 49006     |
| <b>Facility Telephone #:</b>   | (269) 372-5932                         |
| <b>Original Issuance Date:</b> | 08/08/2012                             |
| <b>Capacity:</b>               | 6                                      |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED               |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/06/2026

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 3

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: Fire drills are not conducted once per quarter during each specified shift 7am-3pm, 3pm-11pm and 11pm to 7am.

**R 400.631                      Health screenings.**

**(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.**

FINDINGS: Employee Andrew Argo does not have an annual health review completed in 2025.

**R 400.631                      Health screenings.**

**(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.**

FINDINGS: Employees Jose Trejo and Andrew Argo do not have documentation of a baseline screening for communicable diseases and records of illnesses.

**R 400.647                      Safety and maintenance of premises.**

**(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.**

FINDINGS: Living room area walls are not in good repair and need to be painted.

**R 400.651                      Living space.**

**(1) Common use areas of the facility must be accessible to all residents unless a resident has restrictions imposed in the resident's assessment plan or individual plan of service.**

FINDINGS: Kitchen is equipped with a locked door and residents who do have restrictions are unable to freely have access to the kitchen.

**R 400.725**

**Means of egress.**

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

FINDINGS: The second approved primary means of egress is attached to the garage which is obstructed by locked kitchen door.

A corrective action plan was requested and approved on 8/19/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

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



Ondrea Johnson  
Licensing Consultant

8/19/2026  
Date