



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 29, 2011

Nancy Beach
Valley Residential Serv Inc
P O Box 186
St Charles, MI 486550186

RE: License #: AS730016089
Navaho Trail Home
3161 Navaho Trail
Hemlock, MI 48626

Dear Mrs. Beach:

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

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 758-2717.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 772-8479

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS730016089

Licensee Name: Valley Residential Serv Inc

Licensee Address: 300 S Saginaw
St. Charles, MI 48655

Licensee Telephone #: (989) 865-9997

Administrator/Licensee Designee: Nancy Beach, Designee

Name of Facility: Navaho Trail Home

Facility Address: 3161 Navaho Trail
Hemlock, MI 48626

Facility Telephone #: (989) 642-3603

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
CLF/DD

II. Purpose of Addendum

The Licensee submitted a *Request for Modification of the Terms of the License/Registration* to modify the population served by this facility, to include adults with Mental Illness, and to include Mental Illness under the facility's Special Certification programs.

III. Methodology

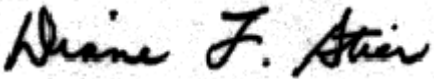
The licensee submitted a written request to have the license and Special Certification for this facility modified to include adults with Mental Illness. The licensee submitted documentation regarding the qualifications of the Administrator and Licensee Designee, as well as documentation of staff training in the area of Mental Illness.

IV. Description of Findings and Conclusions

The consultant received and reviewed proof of one year's experience in working with adults with Mental Illness from the Licensee Designee and Administrator of this facility. This consultant received and reviewed confirmation of staff training in this area. Saginaw County CMH Authority submitted confirmation that the facility is in compliance with Recipient Rights requirements.

V. Recommendation

I recommend that the facility's "population served" and Special Certification be amended to include adults with Mental Illness.



March 15, 2011

Diane L Stier
Licensing Consultant

Date

Approved By:



03/28/2011

Deborah Clark
Area Manager

Date