



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 22, 2012

Irene Spatny
43090 Pointe Drive
Clinton Township, MI 48038

Re: License # AF500313046
Family Home and Senior Living
43090 Pointe Drive
Clinton Township, MI 48038

Dear Ms. Spatny:

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 586-228-2093.

Sincerely,

Maureen J. Fisher, Licensing Consultant
39531 Garfield Road
Clinton Township, MI 48038
586-256-1081

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500313046
Name:	Irene Spatny
Address:	43090 Pointe Drive Clinton Township, MI 48038
Telephone #:	586-489-1848
Administrator/Licensee Designee:	N/A
Name of Facility:	Family Home and Senior Living
Facility Address:	43090 Pointe Drive Clinton Township, MI 48038
Facility Telephone #:	586-203-8164
Capacity:	4
Program Type:	AGED ALZHEIMERS

II. Purpose of Addendum

During the licensing renewal inspection of 5/22/2012, Ms. Spatny submitted a request for modification of the terms of the license to increase the licensed capacity of the facility from three residents to four residents.

III. Methodology

- 05/22/2012 Contact – Document received—request for modification of the terms of the license to increase capacity.
- 05/22/2012 Inspection Completed On-Site
Verification that Bedroom #1 is fully furnished for two residents.
- 05/22/2012 Comment: review of original licensing report for square footage of Bedroom #1 and total community space.

IV. Description of Findings and Conclusions

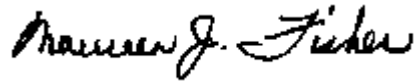
During my renewal inspection of the facility, Ms. Spatny requested that the licensed capacity of the family home facility be modified to increase capacity to four residents. I provided and she completed the required modification of terms form for her request. I inspected the facility and confirmed that she had furnished Bedroom #1 with two beds and that Bedroom #3 remained furnished with two beds as had been observed at the time of original licensure in December 2011.

I reviewed the Original licensing study report to confirm the square footage of Bedroom #1 (139.2 square feet) and community space totaling 416.9 square feet, verifying the square footage could accommodate the increase in capacity. I had made note in the original licensing study report that Bedroom #1 could accommodate up to two residents but that, as of that time, the bedroom was furnished for one resident so it was being licensed for just one resident.

I have verified that the square footage of Bedroom #1, the furnishings of the bedroom, and square footage of the facility as a whole is sufficient and meets requirements of rule for modification of the terms of this license to increase the capacity per the licensee's request.

V. Recommendation

I recommend modification of the terms of this license to increase capacity to four residents.

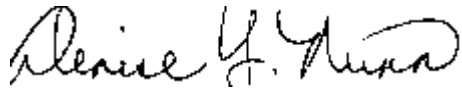


05/22/2012

Maureen J. Fisher
Licensing Consultant

Date

Approved By:



05/22/2012

Denise Y. Nunn
Area Manager

Date