



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 24, 2012

Shawn and Phillip Smith
5949 Snover Rd.
Decker, MI 48426

RE: License #:	AF760266280 Hillside AFC 5949 Snover Road Decker, MI 48426
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Dear Shawn and Phillip Smith:

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 (517) 241-2585.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF760266280
Licensee Name:	Smith, Shawn and Phillip
Licensee Address:	5949 Snover Rd. Decker, MI 48426
Licensee Telephone #:	(989) 635-1197
Administrator/Licensee Designee:	N/A
Name of Facility:	Hillside AFC
Facility Address:	5949 Snover Road Decker, MI 48426
Facility Telephone #:	(989) 635-0205
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. Purpose of Addendum

The licensee, Shawn Smith submitted a *Request for Modification of the Terms of the License/Registration* request form. She asked that a room previously not approved for resident use be approved for one (1) resident. She also asked that one of her approved resident rooms which is currently licensed for one (1) resident be approved for two (2) residents. Finally, she asked to increase her total capacity from five (5) residents to six (6) residents.

III. Methodology

07/09/12 – Contact – Document Received
I received a modification/change request form from the licensee

07/10/12 – Contact – Telephone call received
I spoke to the licensee regarding her modification/change request

07/17/12 – Contact – Telephone call made
I spoke to the licensee and made arrangements to complete an onsite inspection of the facility

07/24/12 – Inspection Completed On-site

IV. Description of Findings and Conclusions

On 07/24/12, I conducted an onsite inspection of Hillside AFC facility. I measured all of the bedrooms in the home that the licensee would like approved for resident use. The licensee asked that all of the bedrooms be measured so she would have the flexibility to move a resident to a different, previously unlicensed bedroom if it would be beneficial to that resident. I obtained the following measurements:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
Northwest Bedroom #1	16'6" x 13'2"	217.25 sq. ft.	2
Northwest Bedroom #2	13'0" x 12'4"	160.33 sq. ft.	2
Southwest Bedroom #1	10'11" X 10'6"	114.63 sq. ft.	1
Southwest Bedroom #2	11'2" X 10'4"	115.39 sq. ft.	1
Southeast Bedroom	10'5" X 12'3"	127.60 sq. ft.	1

Although the usable bedroom floor space could accommodate seven (7) residents, the licensee is aware that her Family Home Adult Foster Care License is only valid for a maximum of six (6) residents. The licensee acknowledged that she will not exceed her licensed capacity of six (6) residents under any circumstances.

V. Recommendation

I recommend that the five (5) bedrooms of Hillside AFC Home be approved for resident use. I recommend that the licensee's capacity be increased from five (5) residents to six (6) residents. All of the bedrooms meet the Bureau of Adult Foster Care and Licensing criteria for Adult Foster Care Family Homes.



07/24/12

Susan Sells Licensing Consultant	Date
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Approved By:



7/24/12

Mary E Holton Area Manager	Date
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