



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

October 22, 2015

Diana Kreiner
1378 Shadowtree Ln
Lapeer, MI 48446

RE: License #:	AF440311310 Shadowtree Lodge 1378 Shadowtree Ln Lapeer, MI 48446
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Dear Mrs. Kreiner:

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

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF440311310
Licensee Name:	Diana Kreiner
Licensee Address:	1378 Shadowtree Ln Lapeer, MI 48446
Licensee Telephone #:	(810) 660-7525
Administrator/Licensee Designee:	Diana Kreiner
Name of Facility:	Shadowtree Lodge
Facility Address:	1378 Shadowtree Ln Lapeer, MI 48446
Facility Telephone #:	(810) 660-7525
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. Purpose of Addendum

The purpose of this addendum is to determine if a newly equipped kitchen located in the resident's quarters is approved for the facility's use.

III. Methodology

09/16/2015	Contact – Document received I received Modification request from the licensee regarding the addition of a fully equipped kitchen in the resident's quarters.
10/16/2015	Inspection Completed On-Site I completed an inspection of the facility's kitchen.

IV. Description of Findings and Conclusions

On 10/16/15, I conducted an onsite inspection of Shadowtree Lodge Adult Foster Care facility. I interviewed the licensee, Diana Kreiner and inspected the newly equipped kitchen in the facility.

Ms. Kreiner stated that in 2011 when she opened this AFC home, Mayfield Township building inspectors inspected the water lines and the electrical and mechanical components of the kitchen area and approved it for use. However, at that time, Ms. Kreiner did not have appliances in the kitchen area and was instead using the kitchen in her living quarters for resident use.

During my inspection, I noted that the facility's kitchen now has a fully functional stove, microwave oven, refrigerator, dishwasher, and sink. The Department has Mayfield Township's previous inspection approval on file from 2011, giving the facility permission to install appliances to make this a fully functional kitchen.

I determined that the addition of a kitchen area to this facility is approved for the facility and resident use.

V. Recommendation

I recommend that the addition of the fully equipped kitchen located in the resident quarters be approved for the facility's use.



October 22, 2015

Susan Sells Licensing Consultant	Date
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