



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 24, 2017

Debora Warner
2775 Michigan Road
Port Huron, MI 48060

RE: License #: AF740005649
Warner Adult Foster Care
2775 Michigan Road
Port Huron, MI 48060

Dear Mrs. Warner:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF740005649
Licensee Name:	Douglas and Debora Warner
Licensee Address:	2775 Michigan Road Port Huron, MI 48060
Licensee Telephone #:	(810) 984-3247
Administrator/Licensee Designee:	N/A
Name of Facility:	Warner Adult Foster Care
Facility Address:	2775 Michigan Road Port Huron, MI 48060
Facility Telephone #:	(810) 984-3247
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. Purpose of Addendum

The purpose of the addendum is to remove Douglas Warner's name from the Warner Adult Foster Care license.

III. Methodology

04/07/2017	Inspection Completed On-site Ms. Warner requested process to remove Mr. Warner from license.
04/17/2017	Contact- Document Sent Email to Mr. and Mrs. Warner regarding removing Mr. Warner from license.
04/18/2017	Contact- Document Received Received signed written request from Mr. and Mrs. Warner to remove Mr. Warner's name from license.

IV. Description of Findings and Conclusions

I completed an onsite inspection at the Warner Adult Foster Care home on 04/07/2017. The inspection was completed for the home's license renewal.

Ms. Warner stated that she would like to remove Mr. Warner's name from adult foster care family home license due to his disability. I received a written request from Mr. and Mrs. Warner on 04/18/2017 to have Mr. Warner's name removed from the foster home license. The request was signed by Douglas and Debra Warner.

The home will remain in compliance with the one responsible person to six residents ratio. Mr. and Mrs. Douglas and five residents are the only individuals residing in the home.

V. Recommendation

I recommended that the status of the home's license remain the same and Douglas Warner's name be removed from the Warner Adult Foster Care license.

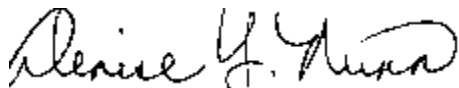


04/21/2017

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



04/24/2017

Denise Y. Nunn
Area Manager

Date