

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

June 5, 2017

Kimberly Hughes 6035 Cedar Lake Rd Pinckney, MI 48169

> RE: License #: AF470003851 Hughes Care Home 6035 Cedar Lake Road Pinckney, MI 48169

Dear Ms. Hughes:

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 (313) 456-0380.

Sincerely,

Vancon Beellen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

| License #: | AF470003851 | |
|----------------------------------|--|--|
| Licensee Name: | Kimberly Hughes | |
| Licensee Address: | 6035 Cedar Lake Rd Pinckney, MI 48169 | |
| Licensee Telephone #: | (734) 878-0836 | |
| Administrator/Licensee Designee: | N/A | |
| Name of Facility: | Hughes Care Home | |
| Facility Address: | 6035 Cedar Lake Road Pinckney, MI 48169 | |
| Facility Telephone #: | (734) 878-0836 | |
| Capacity: | 5 | |
| Program Type: | AGED ALZHEIMERS | |

II. Purpose of Addendum

Increase capacity of the adult foster care family home, Hughes Care Home, from 4 to 5.

III. Methodology

| O5/10/2017 | Telephone call received | | |
|------------|--|--|--|
| | Kimberly Hughes, Licensee, requesting that her adult foster care | | |
| | Capacity be increased from 4 to 5. On-site scheduled for | | |
| | 05/17/2017. | | |
| 05/17/2017 | On-site inspection completed. Third bedroom assessed and | | |
| | Measured. | | |

IV. Description of Findings and Conclusions

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 17.4 X 13.5 | 235 Sq. Ft. | 2 |
| 2 | 12.3 X 13.3 | 164 Sq. Ft. | 1 |
| 3 | 10.4 X 11.3 | 118 Sq. Ft. | 1 |

The living, dining, and sitting room areas measure a total of 340 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five** (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

V. Recommendation

Based upon the above measurements and assessments I recommend an increase in capacity of the adult foster care family home to five (5).

Vancon Beellen

Vanita C. Bouldin Licensing Consultant Date: 06/05/2017