



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 1, 2018

Neela Bairagee and Jimmy Bairagee
8934 Maplewood Dr.
Berrien Springs, MI 49103

RE: License #: AS110353244
Meadow Lane AFC
9035 Meadowlane
Berrien Springs, MI 49103

Dear Neela and Jimmy:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AS110353244

Licensee Name: Neela Bairagee and Jimmy Bairagee

Licensee Address: 8934 Maplewood Dr.
Berrien Springs, MI 49103

Licensee Telephone #: (269) 350-8867

Licensee/Licensee Designee: Neela Bairagee and Jimmy Bairagee

Administrator: N/A

Name of Facility: Meadow Lane AFC

Facility Address: 9035 Meadowlane
Berrien Springs, MI 49103

Facility Telephone #: (269) 350-8867

Original Issuance Date: 05/01/2014

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 09/25/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

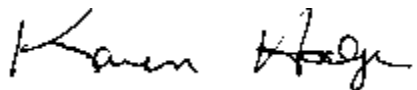
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
No residents home at the time.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
None
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



11/01/2018

Karen Hodge
Licensing Consultant

Date