



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

June 16, 2004

Joan Watkins
3690 N Taylor Rd
Branch, MI 49402

RE: License #: AF530070779
Hill Haven
3690 N Taylor Rd
Branch, MI 49402

Dear Ms. Watkins:

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 (616) 356-0100.

Sincerely,

Connie Yolles, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0118

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF530070779
Licensee Name:	Joan Watkins
Licensee Address:	3690 N Taylor Rd Branch, MI 49402
Licensee Telephone #:	(231) 462-3806
Administrator/Licensee Designee:	N/A
Name of Facility:	Hill Haven
Facility Address:	3690 N Taylor Rd Branch, MI 49402
Facility Telephone #:	(231) 462-3806
Capacity:	4
Program Type:	AGED

II. Purpose of Addendum

The licensee has requested that the capacity be changed from 3 to 4 residents.

III. Methodology

The licensee had discussed this issue with this consultant at the renewal inspection on 2-3-2004. The licensee wanted the option to change the capacity if the need should arise.

IV. Description of Findings and Conclusions

The bedroom and the resident areas were inspected at the time of the renewal inspection and found to be in compliance.

V. Recommendation

I recommend that the capacity of this facility be changed from 3 to 4 residents.

Connie Yolles
Licensing Consultant

Date