



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

November 24, 2004

Laury Johns
3140 Shirley Drive
Jackson, MI 49201

RE: License #: AF380077498
Garden Estates
3140 Shirley Drive
Jackson, MI 49201

Dear Ms. Johns:

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 (517) 780-7159.

Sincerely,

Chuck Wisman, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF380077498
Licensee Name:	Laury Johns
Licensee Address:	3140 Shirley Drive Jackson, MI 49201
Licensee Telephone #:	(517) 841-1750
Administrator/Licensee Designee:	N/A
Name of Facility:	Garden Estates
Facility Address:	3140 Shirley Drive Jackson, MI 49201
Facility Telephone #:	(517) 841-1750
Capacity:	6
Program Type:	AGED

II. Purpose of Addendum

On October 20, 2004, the licensee requested an increase in capacity from 4 residents to 6 residents.

III. Methodology

10/20/04 Scheduled on-site inspection

IV. Description of Findings and Conclusions

The former bedroom of the licensee’s son was designated by the licensee as an additional bedroom for residents. It is located at the west end of the facility and has it’s own full bathroom adjoining the licensee’s bedroom; however, the shower and Jacuzzi tub located in this bathroom will not be for residents. They do not have handrails installed. The location and size of this bedroom is as follows:

West Bedroom: 12’2” X 19’ = 231 square feet Capacity – 2 Residents

On November 22, 2004, the licensee submitted verification of corrective action. The licensee verified revision of the facility evacuation plan to incorporate the additional bedroom and two residents.

V. Recommendation

The capacity of this facility is increased from 4 residents to 6 residents.

Chuck Wisman _____ Date
Licensing Consultant