



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

September 13, 2005

Diana Spencer
444 S Bay Port Rd
Bay Port, MI 48720

RE: Application #: AF320275495
Whispering Pines
444 S Bay Port Rd
Bay Port, MI 48720

Dear Mrs. Spencer:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (248) 975-5053.

Sincerely,

Vince Ferreri, Licensing Consultant
Office of Children and Adult Licensing
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(586) 412-6831

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF320275495
Applicant Name:	Diana Spencer
Applicant Address:	444 S Bay Port Rd Bay Port, MI 48720
Applicant Telephone #:	(989) 453-2807
Administrator/Licensee Designee:	N/A
Name of Facility:	Whispering Pines
Facility Address:	444 S Bay Port Rd Bay Port, MI 48720
Facility Telephone #:	(989) 453-2807
Application Date:	04/18/2005
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

04/18/2005	Enrollment
05/04/2005	Inspection Report Requested - Health
05/20/2005	Inspection Completed On-site
06/06/2005	Application Incomplete Letter Sent See comment re 06/06/2005 confirming letter.
09/09/2005	Inspection Completed-Env. Health: A
09/09/2005	Inspection Completed On-site
09/09/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story farm home located on approximately 22.5 acres of land in Bay Port, Michigan. The second level of the home contains three resident bedrooms, two bedrooms used by the licensee and family, and on full bathroom. The first level has a kitchen; two dining rooms; two living rooms; an office; and one and a half bathrooms. Each level has a laundry room. The furnace and hot water heater are located in the basement. There are several detached farm buildings on the property. The neighborhood is rural/farm in character. The home has over 536 sq. ft. of multi purpose space and will amply accommodate six residents. The home is not wheelchair accessible.

The bedrooms are designated as follows:

- Bedroom # 1 contains 164 sq. ft. and will accommodate two resident.
- Bedroom # 2 contains 213 sq. ft. and will accommodate two resident.
- Bedroom # 3 contains 101 sq. ft. and will accommodate one resident.

The facility has a private water and sewer system. They were recently inspected by the Huron County Health Department. The report is dated 09/09/2005. The facility has been determined to be in substantial compliance with applicable rules.

The consultant conducted a fire safety inspection on 09/09/2005 and found the facility to be in full compliance with all applicable fire safety rules and regulations. The facility has smoke detectors near all bedrooms, utility and living room areas. The plumbing,

electrical and heating systems were in good working condition at the time of the inspection.

The applicant is renting the home from her daughter who also is an adult foster care provider. The term of the rental agreement is open ended. The applicant has over ten years experience working with the mentally ill, developmentally disabled and elderly population groups while working in her daughter's licensed facility. Ms. Spencer will be the licensee and main person responsible for the day-to-day operation of the facility. She will be assisted in the care of the residents by part time staff as needed. Good Moral Conduct requirements were explained to her on 09/09/2005. She indicated her intent to comply.

Zoning approval is not required for the facility as it meets the requirements of the Federal Fair Housing Amendment.

B. Program Description

All application materials were reviewed either onsite or in the office. Upon review, the consultant has determined the applicant was in full compliance with all applicable rules and regulations.

This family home will care for elderly, developmentally disabled and/or mentally ill residents in need of a general program. She will accept male and female residents.

Record keeping requirements for residents and employee files as well as facility records were discussed with the applicant on 09/09/2005. She expressed her understanding and intent to comply with the requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of six (6).

Vince Ferreri	Date
Licensing Consultant	

Approved By:

Candyce Crompton	Date
Area Manager	

