



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 5, 2009

Thomas, Robert and Susan
2915 Linda Court
Port Huron, MI 48060

RE: License #: AF740271686
RST AFC
2915 Linda Ct.
Port Huron, MI 48060

Dear Thomas, Robert and Susan:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

As discussed with you at the onsite inspection please provide within five (5) business days of your receipt of this letter the name of your daughter in law for and the expected date of her move into the facility. In addition submit a completed licensing record clearance request, tuberculin test results, and a completed medical release and request for information form for review, the licensing file, and processing for this individual.

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,

Michael Swajanen, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038
(586) 228-3934

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF740271686
Licensee Name:	Thomas, Robert and Susan
Licensee Address:	2915 Linda Court Port Huron, MI 48060
Licensee Telephone #:	(810) 982-2802
Administrator/Licensee Designee:	N/A
Name of Facility:	RST AFC
Facility Address:	2915 Linda Ct. Port Huron, MI 48060
Facility Telephone #:	(810) 982-2802
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. Purpose of Addendum

Bedroom modifications.

III. Methodology

Onsite inspection conducted on 10/29/09.

IV. Description of Findings and Conclusions

On 10/29/09 an onsite inspection was conducted per request of the licensee indicating that bedroom locations and occupancies be approved by the department. A revised floor plan has been submitted and is attached to this report.

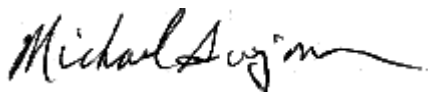
At the onsite inspection the facilities bedrooms were measured and noted to contain the following dimensions and approved capacities:

1. The First floor northwest bedroom contains 270.64 square feet and will house two adults.
2. The second floor northwest bedroom contains 168.09 square feet and will house two adults.
3. The second floor north bedroom contains 154.46 square feet and will house two adults.

The licensee and her husband will reside in the facility with six adult foster care residents and her daughter in law and minor child requiring 350 square feet of indoor living space. Based upon calculations in the original licensing report the family and dining rooms contain a total of 471 square feet of indoor living space. Compliance to the requirements of Rule 27.1 has been determined.

V. Recommendation

Based upon the above designations and calculations the facility is approved to house six adults as outlined above. Non ambulatory adults (a maximum of two) are restricted to the first floor bedroom.



November 5, 2009

Michael Swajanen
Licensing Consultant

Date

