

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER DIRECTOR

December 14, 2015

Bettie Johnson 26504 Yale Inkster, MI 48141

> RE: License #: AF820292957 Johnson AFC 26504 Yale Inkster, MI 48141

Dear Ms. Johnson:

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

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

FOR CDC ONLY

Per MCL 722.113g, this report must be filed in your licensing notebook.

Sincerely,

K. Kopinson

Kara Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Suite 11-350 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AF820292957
Licensee Name:	Bettie Johnson
Licensee Address:	26504 Yale Inkster, MI 48141
Licensee Telephone #:	(734) 641-8624
Administrator/Licensee Designee:	N/A
Name of Facility:	Johnson AFC
Facility Address:	26504 Yale Inkster, MI 48141
Facility Telephone #:	(734) 299-1890
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. Purpose of Addendum

To make the home wheelchair accessible.

III. Methodology

On 11/18/15, I completed an onsite inspection at the facility to measure the wheelchair ramp at the rear of house.

IV. Description of Findings and Conclusions

The wheelchair ramp at the side rear door was measured to have 3.8 feet of rise and at least 36 inches of run which meets the approval requirements.

V. Recommendation

I recommend the home be approved to accept residents who require the regular use of a wheelchair.

K. Robinson 12/14/15

Kara Robinson Licensing Consultant

Date