



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

June 2, 2003

Kathryn Cooper
377 North Main Street
Plainwell, MI 49080

RE: License #: AF030093563
GEMINI MANOR
377 North Main Street
Plainwell, MI 49080

Dear Ms. Cooper:

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, please feel free to contact Yolanda Sims, Area Manager, at (616) 356-0120.

Sincerely,

Terry Buit, Licensing Consultant
Bureau of Family Services
350 Ottawa, N.W. - Unit 13, 7th Floor
Grand Rapids, MI 49503
(616) 356-0110

Enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF030093563
Licensee Name:	Kathryn Cooper
Licensee Address:	377 North Main Street Plainwell, MI 49080
Licensee Telephone #:	(269) 685-7020
Administrator/Licensee Designee:	N/A
Name of Facility:	GEMINI MANOR
Facility Address:	377 North Main Street Plainwell, MI 49080
Facility Telephone #:	(269) 685-7020
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATIC BRAIN INJURED MENTALLY ILL AGED

II. Purpose of Addendum

On 4/14/03 the licensee requested to change the capacity of the facility from 5 to 6 residents.

III. Methodology

04/14/03; Inspection conducted at the facility.

IV. Description of Findings and Conclusions

The licensee requested that a certain bedroom be licensed for one resident. This bedroom had not been a licensed bedroom previously. The bedroom meets all the AFC requirements for a licensed bedroom.

V. Recommendation

Approval for a capacity of six (6) residents is granted.

Terry Buit
Licensing Consultant

Date