

RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

May 21, 2018

Linda K. M. Quaye and Samuel Quaye 15357 Chippewa Street Buchanan, MI 49107

RE: License #: AF110016247

Quaye Foster Home 15357 Chippewa St. Buchanan, MI 49107

Dear Mr. and Mrs. Quaye:

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 (517) 284-9720.

Sincerely,

Karen Hodge, Licensing Consultant

Bureau of Community and Health Systems

401 Eighth Street P.O. Box 1407

Benton Harbor, MI 49023

(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF110016247

Linda K. M. Quaye and Samuel Quaye

Licensee Address: 15357 Chippewa Street

Buchanan, MI 49107

Licensee Telephone #: (269) 683-4108

Administrator/Licensee Designee: N/A

Name of Facility: Quaye Foster Home

Facility Address: 15357 Chippewa St.

Buchanan, MI 49107

Facility Telephone #: (269) 695-3947

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. Purpose of Addendum

To reduce the licensed capacity from 6 residents to 5 residents.

III. Methodology

On-site inspection, in person request followed by written request.

IV. Description of Findings and Conclusions

The home currently has three residents. The licensee has requested that the capacity be reduced to five residents.

V. Recommendation

I recommend the capacity of this home be changed to five residents and that this AFC Family Home continue on regular status.

05/21/2018

Karen Hodge

Date

Licensing Consultant

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