



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 13, 2020

Janis Meredith-Kelterborn
Birchwood Meadows LLC
5573 St Andrew
Clarkston, MI 48348

RE: License #: AM250086017
Birchwood Meadows
2304 W. Frances Rd.
Mt Morris, MI 48458

Dear Ms. Meredith-Kelterborn:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license will be renewed upon the receipt of an approved Fire Safety Report. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AM250086017

Licensee Name: Birchwood Meadows LLC

Licensee Address: 5573 St Andrew
Clarkston, MI 48348

Licensee Telephone #: (248) 620-8890

Licensee/Licensee Designee: Janis Meredith-Kelterborn

Administrator: Jean Cheney

Name of Facility: Birchwood Meadows

Facility Address: 2304 W. Frances Rd.
Mt Morris, MI 48458

Facility Telephone #: (810) 564-3160

Original Issuance Date: 09/18/1999

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2020

Date of Bureau of Fire Services Inspection if applicable: 04/30/2019

Date of Health Authority Inspection if applicable: 01/28/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal Inspection dated August 29, 2018, Special Investigation 2017A0501052 initiated August 11, 2017, Special Investigation 2018A0871012 initiated January 23, 2018, and Special Investigation 2019A0501052 initiated September 19, 2019.
N/A
- Number of excluded employees followed-up? 3 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Upon receipt of an acceptable and approved Fire Safety Inspection Report, I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Crecendra Brown

May 13, 2020

Crecendra Brown
Licensing Consultant

Date