



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



NANNETTE M. BOWLER
DIRECTOR

December 8, 2003

Ruth King
1311 Lapeer Ave
Port Huron, MI 48060

RE: Application #: AF740261575
Beulahs Place
2761 Mason Ave
Port Huron, MI 48060

Dear Ms. King:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

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 (586) 412-6802.

Sincerely,

Vince Ferreri, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6831

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF740261575
Applicant Name:	Ruth King
Applicant Address:	1311 Lapeer Ave Port Huron, MI 48060
Applicant Telephone #:	(810) 987-2744
Administrator/Licensee Designee:	N/A
Name of Facility:	Beulahs Place
Facility Address:	2761 Mason Ave Port Huron, MI 48060
Facility Telephone #:	(810) 985-7581 10/01/2003
Application Date:	
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/01/2003	Enrollment
10/13/2003	Contact - Document Sent Requested record clear. for Hazel and Nichole
10/20/2003	Contact - Document Received 1326s for Hazel and Nicole
11/10/2003	Inspection Completed On-site
12/04/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story ranch style home located on three residential lots in the city of Port Huron. The home has four bedrooms, one and a half baths, a large living room and dining room, a den, a sun porch, a kitchen with adjoining dining area and a full basement. The furnace and hot water heater are in the basement along with laundry facilities. The home has over 694 sq. ft. of multipurpose space and will accommodate five (5) residents. The neighborhood is urban residential in character.

The bedrooms are designated as follows:

Bedroom # 1 contains 204 sq. ft. and will accommodate three residents. It is located on the north end of the house off the sitting room.

Bedroom # 2 contains 149 sq. ft. and will accommodate two residents. It is located in the middle of the house just off the full bath.

The other two bedrooms are for licensee family's use.

The facility is served by public water and sewer.

The consultant conducted a fire safety inspection on 12/04/2003 and found the facility to be in substantial compliance with all applicable fire safety rules and regulations. The plumbing, electrical and heating systems were all in good working condition.

The home is owned by the applicant and her mother. The applicant currently operates a family home at 1311 Lapeer Ave in Port Huron (AF740005590). It is her intent to close the home upon the licensing of the Mason Ave. home (AF740261575). The three residents currently living at the Lapeer road home will be moving to the Mason Ave home once it is licensed. The applicant has over 27 years experience caring for mentally ill and developmentally disabled consumers.

The licensee is Ruth A. King. She will be responsible for the daily operation of the facility. Good Moral Conduct requirements were explained to her and she expressed her understanding and intent to comply.

Zoning approval is not required for this facility as it meets the requirements of the Federal Fair Housing Amendments.

B. Program Description

All application materials were reviewed either on site or in the office. Upon review, the consultant has determined the applicant was in full compliance with all applicable rules and regulations.

This facility offers a program for mentally ill and developmentally disabled female adults.

Record keeping requirements for resident and employee files as well as facility records were discussed with the applicant on 12/04/2003. She expressed her understanding and intent to comply with the requirements.

IV. CONCLUSIONS

No rule violations were observed.

V. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of five (5).

_____ Vince Ferreri Licensing Consultant	_____ Date
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Approved By:

_____ Candyce Crompton Area Manager	_____ Date
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