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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 2, 2021

Kristine Curtis
Impact Inc.
1001 Military St
Port Huron, MI 48060

RE: License #: AL740092230
River Bend #2
1572 Meisner Rd
East China, MI 48054

Dear Mrs. Curtis:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Suite 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL740092230
Licensee Name:	Impact Inc.
Licensee Address:	1001 Military St Port Huron, MI 48060
Licensee Telephone #:	(810) 985-5437
Administrator/Licensee Designee:	Kristine Curtis
Name of Facility:	River Bend #2
Facility Address:	1572 Meisner Rd East China, MI 48054
Facility Telephone #:	(810) 765-1002
Capacity:	15
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. Purpose of Addendum

Change in capacity of facility— increase from 15 beds to 20 beds.

III. Methodology

On 9/27/2021, I received the request for modification of the terms of the registration/license form. There is a request to increase the licensed capacity from 15 to 20. There are currently 15 single occupancy bedrooms; 10 bedrooms would remain single occupancy and five bedrooms would be changed to double occupancy. The living space would remain unchanged.

On 10/15/2021, I received a copy of the floor plan per my request.

On 10/28/2021, I conducted an onsite inspection. I measured bedrooms that would increase capacity.

IV. Description of Findings and Conclusions

<u>Bedroom location</u>	<u>Measurements</u>	<u>Square Feet</u>	<u>Approved Capacity</u>
Bedroom #3	25.9 x 12.7	324.02	2
Bedroom #4	25.9 x 12.7	324.02	2
Bedroom #14	25.9 x 12.7	324.02	1

Based on the above designations and calculations, the facility has the square footage required to house five additional ambulatory residents as outlined above.

V. Recommendation

I recommend approval of Ms. Curtis's request to modify the capacity of the facility from the 15 approved beds to 20 beds.

L. Reed

11/02/2021

LaShonda Reed
Licensing Consultant

Date