



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2023

Madiha Zeeshan  
BIRCH RUN AFC ,LLC  
8340 W Potter Road  
Flint, MI 48433

RE: License #: AL730411567  
**Birch Run Fields Assisted Living**  
**12160 Ulmer Rd**  
**Birch Run, MI 48415**

Dear Ms. Zeeshan:

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 is renewed. 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kent W Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

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

**I. IDENTIFYING INFORMATION**

**License #:** AL730411567

**Licensee Name:** BIRCH RUN AFC ,LLC

**Licensee Address:** 8340 W Potter Road  
Flint, MI 48433

**Licensee Telephone #:** (517) 414-3719

**Licensee Designee:** Madiha Zeeshan

**Administrator:** Madiha Zeeshan

**Name of Facility:** Birch Run Fields Assisted Living

**Facility Address:** 12160 Ulmer Rd  
Birch Run, MI 48415

**Facility Telephone #:** (517) 414-3719

**Original Issuance Date:** 08/01/2022

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/24/2023  
Date of Bureau of Fire Services Inspection if applicable: 07/13/2022  
Date of Health Authority Inspection if applicable: 04/27/2022  
No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 0 Role: N/A

- 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:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



02/15/2023

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Kent W Gieselman  
Licensing Consultant

Date