



STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

JOHN ENGLER
GOVERNOR

NOELLE A. CLARK
DIRECTOR

September 30, 2002

Janis Kelterborn
Birchwood Meadows Llc
5573 St Andrew
Clarkston, MI 48348

RE: Application #: AM250246823
Birchwood II
7055 W. Stanley Road
Flushing, MI 48433

Dear Mrs. Kelterborn:

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, an original license with a maximum capacity of 11 is issued effective 10/01/02.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Deborah Wood, Area Manager, at (810) 760-2364.

Sincerely,

Arlene Burstrem, Licensing Consultant
Bureau of Regulatory Services
Suite 110-2
G-1388 W. Bristol Rd
Flint, MI 48507
(810) 760-2259

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF REGULATORY SERVICES
ADULT FOSTER CARE LICENSING DIVISION
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM250246823

Applicant Name: Birchwood Meadows Llc

Applicant Address: 5573 St Andrew
Clarkston, MI 48348

Applicant Telephone #: (248) 620-8890

Administrator/Licensee Designee: Janis Kelterborn, Designee

Name of Facility: Birchwood II

Facility Address: 7055 W. Stanley Road
Flushing, MI 48433

Facility Telephone #: (810) 659-5328

Application Date: 01/31/2002

Capacity: 11

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

01/31/2002	Enrollment
11/01/ 2001	Inquiry
3/15/02	Letter sent advising applicant of receipt of application.
5/3/02	Inspection completed on-site.
4/01/02	Inspection completed Environmental Health -A
6/10/02	Inspection completed Fire Safety - A
9/27/02	Inspection completed- BRS full compliance.
9/27/02	Recommend license issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is an aluminum-sided one-story home with an attached garage and full basement. The basement contains an egress window but no egress door to the outside. Adequate parking is available on the site.

An Adult Foster Care home has been operated on this site continuously since 1983, first by a Lois Krull and later to her daughter-in law, Anna Krull.

The main floor consists of a kitchen, dining room, two living rooms, 6 resident bedrooms, an office area and 2 ½ bathrooms.

Adequate multi-purpose space is provided. One living room measures 142 square feet and the second living room measures 165 square feet. The dining room is 128 square feet.

Two of the bedrooms have continuously been licensed for three residents each since the promulgation of these rules and can continue to be occupied by three residents in each room in accordance with R 400.14409 (6).

The bedroom sizes are as follows:

Bedroom #1 is 230 square feet and can accommodate three residents.

Bedroom #2 is 270 square feet and can accommodate three residents.

Bedroom #3 is 144 square feet and can accommodate two residents.

Bedroom #4 is 105 square feet and can accommodate one resident.

Bedroom # 5 is 109 square feet and can accommodate one resident.

Bedroom # 6 is 165 square feet and can accommodate one resident.

The final fire inspection was completed on 6/10/2002 by the Consumer and Industry Services Office of Fire Safety and was given a full approval.

The facility was inspected by the Genesee County Health Department on April 1, 2002 and was found to be in substantial compliance with applicable rules.

The Charter Township of Flushing indicated in written correspondence that this facility was approved as an Adult foster Care Home. The request for a Special Use Permit in a RSA (Residential Suburban Agricultural) was made by Lois Krull prior to 12/12/83. The request was granted by the Charter Township of Flushing Planning Commission for the operation of an eleven (11) bed Adult foster Care Home. It has operated as a Home since that time.

The final inspection was completed by the AFC licensing consultant on September 27, 2002. There were no violations.

B. Program Description

The applicant has been acting as the administrator on the current licensee's license since December 2001. The facility's Program Statement indicates it will offer a residential program for the Developmentally Disabled and Elderly Population. The residents can be either male or female and ambulatory or ambulatory with an assisting device.

This Corporation operates another facility in the Genesee County area.

The licensee-designee and administrator has submitted documentation that she has four years of experience with elderly residents, developmentally disabled and persons with physical and mental handicaps.

Regarding "good moral Character", the corporation completes a criminal background check and obtains character references for all employees.

Regarding Funds and Valuables record-keeping, the licensee designee indicates the corporation's intention to comply with the licensing rules.

The staffing pattern is one to two staff to up to twelve residents, depending on the needs of the residents. The home will operate with three shifts.

The day-to-day operation will be supervised by the administrator, Janis Kelterborn. She will be assisted by the home manager and 6 other staff.

Facility administrative staff, employee, and resident records were reviewed and were found to be in compliance with requirements.

At the time of the 9/27/02 inspection, no Quality of Care Violations were noted.

C. Rule/Statutory Violations

None.

D. Conclusion:

It is recommended that this facility receive a temporary license for the accommodation and provision of personal care, protection and supervision for up to eleven ambulatory male and female adult residents.

IV. RECOMMENDATION

I recommend issuance of a temporary license.

Arlene Burstrem Date
Licensing Consultant

Approved By:

Deborah Wood Date
Area Manager