



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 20, 2024

Cheryl Thomas-Hardy
PO Box 4317
Saginaw, MI 48606

| | |
|----------------|--|
| RE: License #: | AS730354102 Iowa's Place 2308 Iowa Saginaw, MI 48601 |
|----------------|--|

Dear Cheryl Thomas-Hardy:

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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

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|---|--|
| License #: | AS730354102 |
| | |
| Licensee Name: | Cheryl Thomas-Hardy |
| | |
| Licensee Address: | 4462 E. Lakecress Drive Saginaw, MI 48603 |
| | |
| Licensee Telephone #: | (989) 737-4010 |
| | |
| Administrator/Licensee Designee: | Cheryl Thomas-Hardy |
| | |
| Name of Facility: | Iowa's Place |
| | |
| Facility Address: | 2308 Iowa Saginaw, MI 48601 |
| | |
| Facility Telephone #: | (989) 737-4010 |
| | |
| Capacity: | 5 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. Purpose of Addendum

The purpose of this addendum is to determine if this facility is equipped to provide services to wheelchair accessible individuals.

III. Methodology

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|------------|--|
| 10/28/2024 | Contact – Document received Licensee emailed requesting her facility be inspected and approved for wheelchair accessibility |
| 11/14/2024 | Inspection completed onsite Modification request |
| 11/14/2024 | Modify Terms Facility meets requirements for wheelchair accessibility |
| 11/20/2024 | LSR Sent - Addendum |

IV. Description of Findings and Conclusions

On 11/14/24, I conducted an onsite inspection of Iowa's Place Adult Foster Care facility. I measured and inspected the two wheelchair ramps which are located in the front and back of this facility. I determined that both wheelchair ramps meet the requirements of R 400.14509 Means of egress: wheelchairs.

V. Recommendation

I recommend this license is modified to reflect that the facility is wheelchair accessible.



November 20, 2024

Susan Hutchinson
Licensing Consultant

Date