



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 20, 2024

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
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Dear Madiha Zeeshan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Upon receipt of a Bureau of Fire Safety Report with a grad of either an A or B, your license will be 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,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

**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/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 ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/11/2024

Date of Bureau of Fire Services Inspection if applicable: 07/19/2024

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 15

No. of others interviewed [redacted] Role: [redacted]

- 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? 0 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

Upon receipt of a Bureau of Fire Safety Report with a grad of either an A or B, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



12/20/2024

Martin Gonzales Licensing Consultant 517-388-8753	Date
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