



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 24, 2026

Diane Stauffer  
Birch AFC Inc  
193 Half Mile Road  
Athens, MI 49011

RE: License #: AM750091929  
**Birch AFC Inc**  
**30895 King Rd**  
**Leonidas, MI 49066**

Dear Mrs. Stauffer:

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

|                                    |                                        |
|------------------------------------|----------------------------------------|
| <b>License #:</b>                  | AM750091929                            |
| <b>Licensee Name:</b>              | Birch AFC Inc                          |
| <b>Licensee Address:</b>           | 193 Half Mile Road<br>Athens, MI 49011 |
| <b>Licensee Telephone #:</b>       | (269) 496-8014                         |
| <b>Licensee/Licensee Designee:</b> | Diane Stauffer                         |
| <b>Administrator:</b>              | Diane Stauffer                         |
| <b>Name of Facility:</b>           | Birch AFC Inc                          |
| <b>Facility Address:</b>           | 30895 King Rd<br>Leonidas, MI 49066    |
| <b>Facility Telephone #:</b>       | (269) 496-8014                         |
| <b>Original Issuance Date:</b>     | 03/01/2000                             |
| <b>Capacity:</b>                   | 11                                     |
| <b>Program Type:</b>               | AGED                                   |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2026

Date of Bureau of Fire Services Inspection if applicable: 7/21/2026

Date of Health Authority Inspection if applicable: 05/28/2026

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
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. Facility does not hold resident funds
- 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

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

### IV. RECOMMENDATION

Choose one:

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Nile Khabeiry, LMSW

8/24/26

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Nile Khabeiry  
Licensing Consultant

Date