

STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING



December 20, 2004

Shannon Coffman 109 N. Morton St. St. Johns, MI 48879

> RE: Application #: AF190271082 Whispering River 11491 E. River Dr. DeWitt, MI 48820

Dear Ms. Coffman:

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, a temporary license with a maximum capacity of 4 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Barbara Williams, Licensing Consultant Office of Children and Adult Licensing 7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 241-0978

Enclosure

MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AF190271082
Licensee Name:	Shannon Coffman
Licensee Address:	11491 E. River Drive. DeWitt, MI 48820
Licensee Telephone #:	(517) 669-2309
Administrator/Licensee Designee:	N/A
Name of Facility:	Whispering River
Facility Address:	11491 E. River Dr. DeWitt, MI 48820
Facility Telephone #:	(517) 669-2309
Application Date:	10/19/2004
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

10/19/2004	Enrollment
11/12/2004	Inspection Completed On-site
11/12/2004	Inspection Completed-BFS Sub. Compliance
12/14/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in the city of DeWitt, Michigan. The facility is a ranch style building with two private and one semiprivate resident bedrooms, a living room, a formal dining room, kitchen, a basement where the licensee's living quarters, laundry facilities and the heat plant are located, back and front decks, and a two car attached garage.

The bedroom measurements are as follows:

Northeast bedroom	158 square feet (2 residents)
Southeast bedroom	117 square feet (1 resident)
Southwest bedroom	117 square feet (1 resident)

The facility has ample living room space for the identified occupants.

B. Program Description

The facility will accept both male and female aged residents. The facility will accept residents who are ambulatory.

The facility will provide twenty-four hour supervision, personal care, protection, room and board, and assure the availability of transportation.

The licensee will be the primary caregiver. The Licensee has previously worked in adult foster care homes.

Based on the licensee's medical information submitted and the Licensing Record Clearance, the licensee is suitable to provide adult foster care.

The Licensee indicates she has sufficient resources to operate and adult foster care home.

The licensee has a lease agreement/purchase agreement with the current owners of the building.

Zoning approval is not required for this facility due to the Federal Fair Housing Amendment.

C. Rule/Statutory Violations

The facility is in compliance with applicable rules and statues.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of 4.

Barbara Williams Licensing Consultant Date

Approved By:

Kathleen S. Sinnamon Area Manager

Date