



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

February 7, 2006

Norma Flahive
121 West Spring Street
Whitehall, MI 49461

RE: Application #: AS610275838
Spring Street Manor AFC
121 W. Spring Street
Whitehall, MI 49461

Dear Ms. Flahive:

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 5 is issued effective 2-7-06 through 8-6-06.

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 (616) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0112

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS610275838
Applicant Name:	Norma Flahive
Applicant Address:	121 W Spring Street Whitehall, MI 49461
Applicant Telephone #:	(616) 894-8113
Administrator/Licensee Designee:	Norma Flahive
Name of Facility:	Spring Street Manor AFC
Facility Address:	121 W. Spring Street Whitehall, MI 49461
Facility Telephone #:	(231) 894-8113
Application Date:	04/22/2005
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

04/22/2005	Enrollment
05/18/2005	Application Incomplete Letter Sent 1326 sent back to complete for Norma.
08/10/2005	Comment GMC for Amber approved - file returned to licensing
08/12/2005	File Transferred To Field Office G.R.
08/19/2005	Inspection Completed On-site
08/19/2005	Inspection Completed-BFS Sub. Compliance
11/10/2005	Contact - Telephone call made Scheduled re-inspection
12/01/2005	Inspection Completed On-site
01/18/2006	Contact - Document Received Items required for licensure.
01/19/2006	Contact - Telephone call made Discussed items still missing for license issuance (high school diploma and current physical).
02/03/2006	Contact - Document Received Required documents received.
02/07/2006	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a two-story single-family dwelling that has been licensed as an adult foster care family home prior to the issuance of this group home license. The home is over fifty years old and is located in a residential neighborhood consisting of other similarly sized and maintained properties.

The main floor of the home includes all of the living area that will be used by residents. This level includes five bedrooms, a kitchen and eating area, a living room and a full bathroom.

The live-in manager and her family will use the second floor of the home and this includes three bedrooms, a family room, full bathroom and den. Exits from the home are located in the front (north) and rear (south) of the home.

The resident bedroom measurements are as follows:

Bedroom #1...13 feet by 8 feet

Bedroom #2...13 feet by 8 feet

Bedroom #3...12 feet by 10 feet

Bedroom #4...10 feet by 9 feet

Bedroom #5...13 feet by 10 feet

This home has been determined to be fully furnished and in compliance with all requirements relating to the physical plant of the building. All originally cited violations have been satisfactorily addressed.

B. Program Description

This program will serve up to five elderly adults both male and female who are able to walk (may include use of a cane or walker), eat with minimal assistance and be “mentally alert and oriented” to the extent that they are not disruptive to the other residents. The licensee will admit only residents whose care needs are consistent with the level of support and supervision that is available in the home.

The licensee has submitted a Program Statement and Admission/Discharge Policy. These documents indicate the licensee’s commitment to working with residents and ensuring that they receive adequate stimulation while residing at this home.

The licensee does have a procedure for determining the good moral character of all responsible persons in the home. The licensee also has a procedure for assuring compliance with all requirements relating to the handling and accounting of resident funds.

IV. RECOMMENDATION

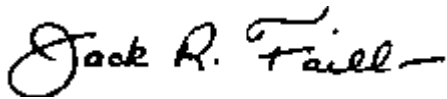
It is recommended that a temporary license be issued with a capacity of 5.



Jerry Hendrick
Licensing Consultant

Date

Approved By:



2/7/06

Jack R. Failla
Area Manager

Date