

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



August 3, 2006

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

RE: License #: AM750091929

Birch AFC Inc 30895 West Street

Po Box 85

Leonidas, MI 49066

Dear Ms. Stauffer:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant Office of Children and Adult Licensing

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322 E. Stockbridge Ave Kalamazoo, MI 49001

(269) 337-5241

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AM750091929

Licensee Name: Birch AFC Inc

Licensee Address: 193 Half Mile Road

Athens, MI 49011

Licensee Telephone #: (269) 729-5282

Administrator/Licensee Designee: Diane Stauffer, Designee

Name of Facility: Birch AFC Inc

Facility Address: 30895 West Street

Po Box 85

Leonidas, MI 49066

Facility Telephone #: (269) 496-8014

Capacity: 9

Program Type: AGED

II. Purpose of Addendum

Licensee designee requested a reduction in capacity

III. Methodology

08/02/2006 - Onsite inspection completed

IV. Description of Findings and Conclusions

The facility has adequate bedroom and living space for 9 residents. Licensee designee met with consultant and identified which bedrooms will now be considered single occupancy room. Changes are reflected on the updated floor plans.

V. Recommendation

As of 8-3-06 the capacity of Birch AFC Home was voluntarily reduced from 12 to 9 residents at the request of the licensee designee.

Donna Konopka

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Licensing Consultant

Donna Konopka

Date