



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

December 3, 2007

Karla Chandler  
Aloha Center Inc  
2479 E Houghton Lk  
Lake City, MI 49651

RE: License #: AS720016065  
Towering Oaks AFC Residence  
2631 Tower Hill Rd  
Houghton Lake, MI 48629

Dear Mr./Ms. Chandler:

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 (231) 922-5309.

Sincerely,

Joyce Lixey, Licensing Consultant  
Bureau of Children and Adult Licensing  
2145 E. Huron Rd.  
East Tawas, MI 48730  
(989) 362-0337

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS720016065
<b>Licensee Name:</b>	Aloha Center Inc
<b>Licensee Address:</b>	2479 E Houghton Lk Lake City, MI 49651
<b>Licensee Telephone #:</b>	(231) 328-4695
<b>Administrator/Licensee Designee:</b>	Karla Chandler, Designee
<b>Name of Facility:</b>	Towering Oaks AFC Residence
<b>Facility Address:</b>	2631 Tower Hill Rd Houghton Lake, MI 48629
<b>Facility Telephone #:</b>	(989) 422-6920
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED CLF/DD MENTALLY ILL

## **II. Purpose of Addendum**

To add mentally ill residents to the population served by Towering Oaks AFC

## **III. Methodology**

11/07/2007 Contact Document received, Program Statement  
11/07/2007 Contact Document received, Letter requesting  
Mentally Ill population be added to Certification  
11/07/2007, Comment, Incorrect License population identified on SC application/  
11/07/2007, Contact Telephone call made to Licensee  
11/14/2007, Contact Document received, Letter identifying Towering Oaks.

## **IV. Description of Findings and Conclusions**

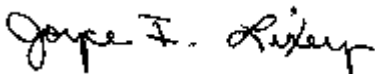
On 11/07/2007 and 11/14/2007, documents were received from the Licensee Designee, Ms. Karla Chandler. Mrs. Chandler requested that mentally ill individuals be added to the population of the Towering Oaks facility.

A review of Ms. Chandler's records showed her to have multiple years experience working with dually diagnosed mentally ill and developmentally disabled individuals.

On 12/03/2007 this consultant reviewed a review of Towering Oaks AFC Program Statement signed by Ms. Chandler on 10/30/2007. The program statement was approved as written by this consultant.

## **V. Recommendation**

It is recommended that the terms of the license include mentally ill individuals.



12/03/2007

---

Joyce Lixey  
Licensing Consultant

Date