



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

April 2, 2009

Birdie Farley
26725 M-140 Highway
South Haven, MI 49090

RE: Application #: AF800298314
Birch Harbor
26725 M-140 Highway
South Haven, MI 49090

Dear Ms. Farley:

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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5241

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF800298314
Applicant Name:	Birdie Farley
Applicant Address:	26725 M-140 Highway South Haven, MI 49090
Applicant Telephone #:	(269) 764-1965
Administrator/Licensee Designee:	N/A
Name of Facility:	Birch Harbor
Facility Address:	26725 M-140 Highway South Haven, MI 49090
Facility Telephone #:	(269) 764-1965 09/17/2008
Application Date:	
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/17/2008	Enrollment
10/01/2008	Inspection Report Requested - Health Inv. #1014838
10/01/2008	Application Incomplete Letter Sent Environmental
10/01/2008	File Transferred To Field Office Kalamazoo Office
10/06/2008	Application Incomplete Letter Sent
10/24/2008	Inspection Completed-Environmental Health : A
02/26/2009	Inspection Completed On-site
03/11/2009	Application Complete/On-site Needed
04/01/2009	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story manufactured home with no basement located in a rural area south of South Haven, MI. The home is equipped with a wheelchair ramp in the front of the structure. The home has 4 bedrooms; 3 will be used for resident occupancy and the 4th will be used by the licensee and her husband. One resident bedroom meets the requirements for double occupancy, and the other 2 bedrooms will be for one resident each. Each bedroom meets the requirements for usable floor space in a bedroom and the measurements are on file. The home has 2 full bathrooms; one is located in the hallway near the resident bedrooms and the other in the licensee's bedroom. Residents will only use the one in the hallway near their bedrooms. The home provides over 254 square feet of living space in the living room alone for all occupants of the home.

The home has a natural gas furnace and a hot water heater located on the main floor of the home.

The home's water is provided by the local municipal water company. The home has a private septic system. The inspection rating from the Van Buren County Public Health Department gave the septic system an "A" rating on 10/15/08. An "A" rating indicates substantial compliance with the applicable rules.

The licensing consultant conducted the initial fire safety inspection on 02/26/09. Substantial compliance with applicable fire safety rules was verified on 04/01/09. An inspection of the furnace and hot water heater was completed by Bremer & Bouman Heating and Cooling on 03/03/09 and found them to be in good working order. The inspection report is in the file. Battery operated smoke detectors are located in areas of the home as required by rule.

B. Program Description

Birch Harbor will provide personal care, supervision and protection to males and females over the age of 18 years. Program types include mentally ill, developmentally disabled, aged, persons with Alzheimer's, physically handicapped and traumatic brain injured individuals. The home is wheelchair accessible. No smoking is permitted in the home. SSI and private pay residents are accepted. The home will follow Department admission and discharge regulations. The home will provide local transportation.

Birdie Farley is the licensee, and her husband, Richard Farley, has been designated as her Responsible Person for the home. Ms. Farley will be the primary care giver. She has indicated that she is familiar with Adult Foster Care (AFC) as her sister has an AFC family home and she has a developmentally disabled brother.

The Licensing Record Clearances for Ms. and Mr. Farley indicated substantial compliance with the applicable rules.

The Medical Clearances for Ms. and Mr. Farley indicated substantial compliance with the applicable rules.

Birdie and Richard Farley are buying the home and they have a mortgage with Citizen's Bank. Ms. Farley had indicated that she is in compliance with the applicable rules regarding financial stability.

Technical assistance was provided to Ms. Farley on the Act and administrative rules requirements related to the home, residents and employee record keeping, including the handling and accounting of resident funds. Ms. Farley was provided all the required forms to permit compliance with the rules. Resident Rights statements were provided to her, and she will be reviewing them with each new admission to the home. The criminal history background check program was reviewed with Ms. Farley.

IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate and AFC family home for 4 residents. The term of the license will be for a 6-month period effective 04/02/09.

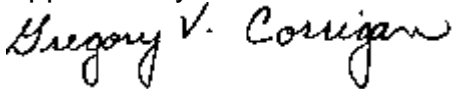


04/02/09

Donna Konopka
Licensing Consultant

Date

Approved By:



04/02/2009

Gregory V. Corrigan
Area Manager

Date