



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 6, 2021

Barbara Roseberry  
P. O. Box 34225  
Detroit, MI 48234

RE: License #: AS820014636  
**Roseberry Manor #3**  
**12721 Corbett**  
**Detroit, MI 48213**

Dear Ms. Roseberry:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS820014636

**Licensee Name:** Barbara Roseberry

**Licensee Address:** 18645 Cambridge  
Lathrup Village, MI 48076

**Licensee Telephone #:** (313) 282-9083

**Licensee/Licensee Designee:** N/A

**Administrator:** Barbara Roseberry

**Name of Facility:** Roseberry Manor #3

**Facility Address:** 12721 Corbett  
Detroit, MI 48213

**Facility Telephone #:** (313) 282-9083

**Original Issuance Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2021

Date of Bureau of Fire Services Inspection if applicable: 8/4/2021

Date of Health Authority Inspection if applicable: 8/4/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The renewal inspection was not conducted during a meal time.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There was no incident report requiring follow up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14506            Fire extinguishers; location, examination, and maintenance.**

**(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.**

The fire extinguishers did not have an updated inspection. The last inspection documented was 2019.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



8/6/2021

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Andrea Green  
Licensing Consultant

Date