



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 20, 2021

Ralph Mason  
Rosewood AFC Of Dewitt Inc  
1070 West Webb Road  
Dewitt, MI 48820

RE: License #: AM190087711  
**Rosewood AFC of Dewitt**  
**1070 West Webb Road**  
**Dewitt, MI 48820**

Dear Mr. Mason:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190087711
<b>Licensee Name:</b>	Rosewood AFC Of Dewitt Inc
<b>Licensee Address:</b>	1070 West Webb Road Dewitt, MI 48820
<b>Licensee Telephone #:</b>	(517) 669-7300
<b>Licensee Designee:</b>	Ralph Mason
<b>Administrator:</b>	Jillian Peters
<b>Name of Facility:</b>	Rosewood AFC of Dewitt
<b>Facility Address:</b>	1070 West Webb Road Dewitt, MI 48820
<b>Facility Telephone #:</b>	(517) 669-3688
<b>Original Issuance Date:</b>	01/10/2001
<b>Capacity:</b>	12
<b>Program Type:</b>	ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/19/2021

Date of Bureau of Fire Services Inspection if applicable: 09/29/2021

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 11  
No. of others interviewed 2 Role: administrator and LD

- 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.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
10/15/19 for rules 312 (4) and 315 (3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.



10/20/21

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Leslie Herrguth  
Licensing Consultant

Date