



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2022

Kathleen Champeau
1808 Truax 24th Road
CORNELL, MI 49818

RE: Application #: AS210407733
Rosewood Estates Senior Living
11827 T Rd
Rapid River, MI 49878

Dear Ms. Champeau:

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS210407733
Licensee Name:	Kathleen Champeau
Licensee Address:	1808 Truax 24th Road CORNELL, MI 49818
Licensee Telephone #:	(906) 280-8837
Administrator/Licensee Designee:	Kathleen Champeau
Name of Facility:	Rosewood Estates Senior Living
Facility Address:	11827 T Rd Rapid River, MI 49878
Facility Telephone #:	(906) 280-8837
Application Date:	03/19/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/19/2021	On-Line Enrollment
03/23/2021	Application Incomplete Letter Sent needs fingerprints
04/01/2021	Contact - Document Received Updated application
04/01/2021	Contact - Telephone call made Called Health Department to update address on inspection request
05/17/2021	Contact - Document Received 1326 & RI030 for Kathleen
05/18/2021	Contact - Document Received AFC100 for Kathleen
05/18/2021	Application Complete/On-site Needed
07/21/2021	Inspection Completed On-site Initial inspection pre-construction.
09/08/2021	Contact - Document Received Admission, discharge, refund, and other policies received.
01/10/2022	Inspection Completed On-site
01/11/2022	Inspection Report Requested - Health
01/26/2022	PSOR on Address Completed
01/27/2022	Inspection Completed On-site
02/02/2022	Inspection Completed – Env. Health: C
02/16/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single-story building built in 1976. The home is in a serene, country setting, close to the city of Rapid River. The home was formerly a licensed AFC Group Home but has been vacant for the last 2 years.

The property sits on three forested acres. The home is in close proximity to parks, service provider organizations, medical resources, and shopping areas. The home is owned by Kathleen Champeau, and a copy of the warranty deed was submitted and is maintained in the file.

The single-story home has 1981 square feet and has a crawl space. There are 6 approved bedrooms. The home has a large kitchen and combined dining/sitting area. There is also a large living room (360 square feet) available for resident use. The home has an additional recreation room (247 square feet) available for residents and their visitors. The home has a large front deck and intends to have outdoor garden/sitting areas in the near future for the enjoyment of residents. There are 2 full resident bathrooms, one which has a full walk-in shower/tub facility. The home is very neat, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	140 sq. ft.	Approved capacity 1
Bedroom #2	130 sq. ft.	Approved capacity 1
Bedroom #3	156 sq. ft.	Approved capacity 1
Bedroom #4	130 sq. ft.	Approved capacity 1
Bedroom #5	216 sq. ft.	Approved capacity 1
Bedroom #6	132 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The heating, plumbing, and electrical units were inspected by licensed contractor Kevin Priebe (License # 2101199611), on 01/06/2022 and found to meet all code requirements. A letter of compliance is on file. The facility has an interconnected smoke detection system that was installed and found to be in full compliance with verification on 01/10/2022.

The home has a private well and septic system. A final environmental inspection was completed by the Delta/Menominee District Health Department on 02/02/2022 resulting in an "C" rating with a temporary approval, due to snow cover on the septic system and drain field. The water tested clean and negative for bacteria. The Health Department

will return to the facility when the snow melts to inspect the septic system. An interior environmental inspection was completed by this consultant on 01/10/2022 and on 10/27/2022.

B. Program Description

The facility proposes to serve both male and female adults 50 and older that are Physically Handicapped, Developmentally Disabled and/or Aged. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. Amenities noted are home cooked meals, crafts, music, weekly activity calendars, games, movie nights, social gatherings, and outings. Activities noted include walking groups, cocktail hours, day trips to parks, local attractions, and the casino.

The facility also intends to provide raised gardens, bird feeders, deer feeding stations, and a bonfire pit for the residents' enjoyment.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Family involvement will be encouraged. The goal is to help each resident to be part of the community in a 'family type' atmosphere.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Kathleen Champeau, the licensee and administrator. Ms. Champeau submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Administrator Kathleen Champeau has several years of experience caring for her elderly parents and working in the social service field.

The licensee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 1 staff per 6 residents on the awake-shift and 1 staff to 6 residents during the sleep shift. The facility does not intend to accept residents in need of 2-person transfers.

The licensee acknowledged an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee submitted adequate sample menus and acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

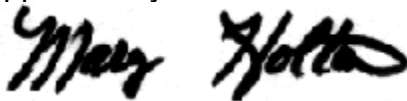


02/23/2022

Theresa Norton
Licensing Consultant

Date

Approved By:



02/24/2022

Mary E Holton
Area Manager

Date