



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 5, 2022

Michael Mwathi  
Rockwood House Inc  
1606 South Huron #972804  
Ypsilanti, MI 48197

RE: License #: AS820393337  
**Rockwood House Inc**  
**20092 Candance**  
**Rockwood, MI 48173**

Dear Mr. Mwathi:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads 'Shatonla Daniel'.

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820393337
<b>Licensee Name:</b>	Rockwood House Inc
<b>Licensee Address:</b>	20092 Rockwood, MI 48173
<b>Licensee Telephone #:</b>	(248) 236-4410
<b>Licensee/Licensee Designee:</b>	Michael Mwathi
<b>Administrator:</b>	Michael Mwathi
<b>Name of Facility:</b>	Rockwood House Inc
<b>Facility Address:</b>	20092 Candance Rockwood, MI 48173
<b>Facility Telephone #:</b>	(734) 236-4410
<b>Original Issuance Date:</b>	02/15/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/24/2022, 05/05/2022,

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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 2  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain. Full paperwork inspection
- 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. Full inspection
- 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: 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.

### IV. RECOMMENDATION

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



05/05/2022

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Shatonla Daniel  
Licensing Consultant

Date