



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 8, 2022

Hersel Fouladbash  
Rose Gardan Inc.  
176 N. Main St.  
Elkton, MI 48731

RE: Application #:	AL320385433 Rose Gardan, Inc 176 N. Main Elkton, MI 48731
--------------------	--

Dear Mr. Fouladbash:

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 20 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 (517) 284-9700.

Sincerely,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AL320385433
<b>Licensee Name:</b>	Rose Gardan Inc.
<b>Licensee Address:</b>	176 N. Main St. Elkton, MI 48731
<b>Licensee Telephone #:</b>	(989) 553-2700
<b>Licensee Designee:</b>	Hersel Fouladbash
<b>Name of Facility:</b>	Rose Gardan, Inc
<b>Facility Address:</b>	176 N. Main Elkton, MI 48731
<b>Facility Telephone #:</b>	(989) 553-2700
<b>Application Date:</b>	11/02/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

11/02/2016	On-Line Enrollment
11/03/2016	Application Incomplete Letter Sent FP,RI030&1326A/Hersel,1326A/Christian.
11/03/2016	Contact - Document Sent Act & Rules.
12/09/2016	Inspection Report Requested - Fire
12/09/2016	Contact - Document Sent Fire Safety Itr,1712,979,DLEGInstruction.
12/09/2016	File Transferred To Field Office Flint/Saginaw.
01/03/2017	Application Incomplete Letter Sent
08/18/2017	Application Complete/On-site Needed
08/18/2017	Inspection Completed On-site
08/18/2017	Inspection Completed-BCAL Sub. Compliance
08/30/2017	Confirming Letter Sent
08/30/2017	Application Incomplete Letter Sent
02/23/2018	Inspection Completed On-site I met with administrator Chris Roth and reviewed paperwork, rules, etc.
03/29/2018	Inspection Completed On-site Met with Licensee Designee and measured rooms.
06/14/2018	Inspection Completed On-site Measured remaining rooms.
11/09/2018	LSR Generated
01/26/2022	Inspection Completed- Fire Safety: A
04/06/2022	Inspection Completed- BCAL Sub Compliance
04/06/2022	Inspection Completed- Env. Health: A

04/08/2022	Confirming Letter Sent
04/08/2022	Application Incomplete Letter Sent
05/26/2022	Contact- Document Received Requested documentation received via email.
06/06/2022	Contact- Document Received Requested documentation received via email.
06/08/2022	Inspection Completed- BCAL Full Compliance
06/08/2022	Recommend License Issuance

**A. Physical Description of Facility**

Rose Gardan is a brick-and-mortar single story 20 bed facility, with no basement. It is located at 176 N. Main St. Elkton MI, 48731. The building is a former school. The facility is in the rural village of Elkton in Huron County on the north end of town.

The furnace and hot water heater are located on the first floor, with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There are two hot water heaters and a forced air furnace that handles two of the resident bedrooms. The other 18 resident rooms have their own heating and air conditioning units with independent thermostat controls. There is a full bathroom located in each resident’s room, and one public bathroom. The facility has a kitchen with a pantry and walk-in cooler, a dining room with a seating area, a laundry room with three washers and three dryers, a physician exam room, and consultation meeting room. The facility is wheelchair accessible. A 16-point natural gas furnace inspection was conducted on 04/06/2022 and was found to be in good working order.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
201	(14ft 8 in x 11ft 7 in – 2ft x 4ft 7.25 in) + 11ft.8 in x 14ft 8 in	331.8 sq. ft.	1
202-209	7ft 1in x 4 ft 9in + 13 ft. 5in x 13 ft 11.5 in + 8ft 5.5 in x 11 ft 11 in	322 sq. ft.	1 per bedroom, total of 8,

210	(23ft 3 in x 12ft 9in -7ft 2.5 in x 11ft 5 in) +( 9ft x 13ft 5 in /2) – (7ft 4 in x 9ft)	268.9 sq. ft.	1
211	10 ft 4in x 11ft + (13ft x 10ft 8 in -6ft 3in x 2ft 1.5 in) + (11 ft x 16 ft 3in /2)	216.4 sq. ft.	1
212-217	7ft ½ in x 5ft + 13ft 11 in x 11ft 9in + (10ft 4.5in x 13ft 11in – 2ft ½ in x 6ft 5in)	320.2 sq. ft.	1 per bedroom, total of 6
218	16ft x 26ft 5in + 3ft 11in x 9ft 4 in + (11ft 11 in x 15ft 8 in – 2ft 5in x 6ft 1 in)	631.3 sq. ft.	1
219	10ft 11in x 12ft + 10ft 11in x 15ft 10.5in + 3ft 11in x 8ft 9in + (10ft 8 in x 15ft 4.5 in – 2ft 10 in x 5ft 10in)	191.1 sq. ft.	1
220	11ft 10 in x 10ft 2 in + 15 ft 7 in x 10ft 2 in + 8 ft 9in x 3ft 10 in + (15ft 1in x 10 ft 3.5 in – 6ft 4 in x 2ft 4.5 in)	452.6 sq. ft.	1

The living, dining, and sitting room areas measure a total of 1,161 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

This facility was found to be in compliance with environmental requirements during an onsite inspection on 4/06/2022. This facility met our requirements regarding environmental requirements. This facility utilizes public water and sewage.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The

applicant intends to provide 24-hour supervision, protection, and personal care to **twenty** (20) male or female ambulatory adults, aged 50-80, whose diagnosis is physically handicapped and/or aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: Region IV, A&D Waiver, public walk-ins, Adult Protective Services, Huron County public guardian office, and local physicians.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Rose Gardan, Inc., which is a "For Profit Corporation" was established in Michigan, on 06/11/2014. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Hersel Fouladbash has submitted documentation naming himself as Licensee Designee for this facility, and Chris Roth as the administrator.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

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

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift, and 1 to 20 during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges 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 medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges 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 applicant acknowledges 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 of the documents contained within each employee’s file.

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

The applicant acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of 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 applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

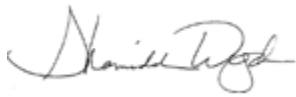
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care large group home (capacity 20).




06/08/2022

---

Shamidah Wyden  
Licensing Consultant

Date

Approved By:



06/08/2022

---

Mary E Holton  
Area Manager

Date