

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 5, 2022

Roshell Watley-Thomas 3859 Taylor Saginaw, MI 48604

RE: License #:	AS730293445
	The Prosperity House
	2971 Jackson
	Saginaw, MI 48604

Dear Mrs. Watley-Thomas:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9700.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS730293445		
Licensee Name:	Roshell Watley-Thomas		
	·		
Licensee Address:	3859 Taylor		
	Saginaw, MI 48604		
Licensee Telephone #:	(989) 798-6661		
	D 1 11 11 11 T		
Licensee/Licensee Designee:	Roshell Watley-Thomas		
Administratory	Doob all Watley Thomas		
Administrator:	Roshell Watley-Thomas		
Name of Facility:	The Prosperity House		
Name of Facility.	The Frospency Flouse		
Facility Address:	2971 Jackson		
l domity / tadiocol	Saginaw, MI 48604		
	,		
Facility Telephone #:	(989) 753-9665		
-			
Original Issuance Date:	12/27/2007		
Capacity:	6		
	DEVELOPMENTALLY STORES		
Program Type:	DEVELOPMENTALLY DISABLED		
	MENTALLY ILL		
Cortified Programs:	DEVELOPMENTALLY DISABLED		
Certified Programs:	MENTALLY ILL		
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II. METHODS OF INSPECTION

Date	e of On-site Inspection((s):	06/30/2	022		
Date	e of Bureau of Fire Serv	vices Inspection if app	licable:	N/A		
Date	e of Health Authority In	spection if applicable:		N/A		
Insp	ection Type:	☐ Interview and Obe	servation	u ⊠ Worksheet □ Full Fire Safety		
No.	of staff interviewed and of residents interviewed of others interviewed			4		
•	Medication pass / simu	ulated pass observed?	' Yes ⊠	No 🗌 If no, explain.		
•	Medication(s) and med	dication record(s) revie	ewed? Y	es ⊠ 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. My inspection did not take place during a mealtime. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 					
•	Fire safety equipment	and practices observe	ed? 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-u	ıp? Yes⊠ No ☐ If	no, expla	ain.		
•	Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A Number of excluded employees followed-up? 4 N/A					
•	_	lease explain) No				
•	valialices: IESI ID	ICASC CADIAIIII INU				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:				
R 400.14403	Maintenance of premises.			
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.			
	r inspection, I noted that there was a hole in two of the resident's nd a hole in the hallway leading upstairs.			
R 400.14507	Means of egress generally.			
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.			
	r inspection, I noted that one of the doors was not equipped with non-locking-against-egress hardware.			

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Dusan Hutchinson July 5, 2022

Susan Hutchinson	Date
Licensing Consultant	