



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 18, 2023

Ronald Watson  
Rose Hill Center Inc  
5130 Rose Hill Blvd  
Holly, MI 48442

RE: License #: AL630007341  
**Kelly Community Center**  
**5130 Rose Hill Boulevard**  
**Holly, MI 48442**

Dear Mr. Watson:

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 and special certification 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630007341
<b>Licensee Name:</b>	Rose Hill Center Inc
<b>Licensee Address:</b>	5130 Rose Hill Blvd Holly, MI 48442
<b>Licensee Telephone #:</b>	(248) 634-5530
<b>Licensee Designee:</b>	Ronald Watson
<b>Administrator:</b>	Ronald Watson
<b>Name of Facility:</b>	Kelly Community Center
<b>Facility Address:</b>	5130 Rose Hill Boulevard Holly, MI 48442
<b>Facility Telephone #:</b>	(248) 634-5530
<b>Original Issuance Date:</b>	05/11/1992
<b>Capacity:</b>	20
<b>Program Type:</b>	MENTALLY ILL
<b>Certified Programs:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 06/27/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- 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:  
3/14/2023: al305(3) , al301(4) 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

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 13-20).



10/18/2023

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Stephanie Gonzalez  
Licensing Consultant

Date