



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2024

Janice Hurst
Progressive Residential Services Inc
Suite # 265
6001 N. Adams Road
Bloomfield Hills, MI 48304

RE: Application #: AS580418331
Rosewood Home
5654 Rosewood Drive
Monroe, MI 48161

Dear Mrs. Hurst:

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 4 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS580418331
Applicant Name:	Progressive Residential Services Inc
Applicant Address:	Suite # 265 6001 N. Adams Road Bloomfield Hills, MI 48304
Applicant Telephone #:	(248) 641-7200
Administrator/Licensee Designee:	Janice Hurst
Name of Facility:	Rosewood Home
Facility Address:	5654 Rosewood Drive Monroe, MI 48161
Facility Telephone #:	(734) 230-2650
Application Date:	03/13/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/13/2024	Enrollment
03/19/2024	PSOR on Address Completed
03/19/2024	Application Incomplete Letter Sent Sent email to request 1326 is signed
03/19/2024	Contact - Document Received
03/29/2024	Application Incomplete Letter Sent
03/29/2024	SC-Application Received - Original
08/15/2024	Contact - Document Received Received application incomplete documents.
08/21/2024	Contact - Document Sent
08/21/2024	Contact - Document Received Received smoke detector and fire extinguisher inspection reports.
09/10/2024	Inspection Completed On-site
09/10/2024	Inspection Completed-BCAL Sub. Compliance
10/30/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Rosewood Home is located in the city and county of Monroe. The home is a reddish/brown all brick ranch style home. The home has a one-car garage with a cemented driveway that provides for ample parking. The home consists of three bedrooms, one full bathroom and a ½ bathroom. The home also has three exits; however, the two approved means of egress are the front and back door. The living and dining rooms measure a total of 379 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not licensed for residents who require the regular use of wheelchairs.

The furnace, gas dryer and hot water heater are located on the main floor of the home in a room that is constructed of material that has a 1-hour-fire-resistance rating. The

door is a 1-3/4 inch solid core and is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detection system was inspected on 08/20/24, the furnace, air conditioning, and gas dryer were inspected on 05/01/24, the hot water tank was inspected on 10/29/24 and all were found to be in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6" x 10'6"	100 sq. ft.	1
2	10'2" x 10'8"	108 sq. ft.	1
3	10'4" x 13'7"	140 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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, personal care in addition to room and board to **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled and mentally ill 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, if necessary.

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 applicant 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/licensee is Progressive Residential Services, Inc., which is a “Domestic Non-profit Corporation”, established in Michigan, on 03/01/82. 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.

The Board of Directors of Progressive Residential Services, Inc. has submitted documentation appointing Janice Hurst as Licensee Designee and Administrator for this facility.

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. Janice Hurst is the licensee designee and administrator for 10 active AFC small group homes and has the education and experience that meets the intent of the rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff –to- 4 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The licensee designee 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 licensee designee 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 licensee designee 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 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 1-4).



Pandrea Robinson
Licensing Consultant

11/07/24
Date

Approved By:



11/19/24

Ardra Hunter
Area Manager

Date