

Facility Name: A SENIOR PROMISE  
License Number: ASB20414523  
Current License Status: \_\_\_\_\_

**RENEWAL** (Effective Date: \_\_\_\_\_)

(Renewal documents are kept on file for 3 years. From a workflow standpoint, it may be easier to purge them after two consecutive regular license periods.)

- \_\_\_\_\_ BRS-569 Application (If received in hard copy form)
- \_\_\_\_\_ LSR Transmittal Letter
- \_\_\_\_\_ Licensing Study Report (LSR)
- \_\_\_\_\_ Onsite Inspection Record
- \_\_\_\_\_ Fire Safety Inspection Reports (7+ since last license issuance)
- \_\_\_\_\_ Environmental Health Inspection Reports (private water and sewer)
- \_\_\_\_\_ Water-Bacteriological Report (Group)
- \_\_\_\_\_ Statement of Corrective Action(s) (if applicable)
- \_\_\_\_\_ Corrective Action Plan(s) (if applicable)
- \_\_\_\_\_ Corrective Action Plan Approval/Disapproval Letter(s) (if applicable)
- \_\_\_\_\_ Verification of CAP compliance documentation
- \_\_\_\_\_ Special Program Certification Letter (DD or MI) (if applicable)
- \_\_\_\_\_ Office of Recipient Rights Request or Approval (if special certification)
- \_\_\_\_\_ Other Correspondence and Documentation
- \_\_\_\_\_ Code Sheet (If applicable - see Manual Item 230)

**INTERIMS/FOLLOW-UP INSPECTIONS** (if applicable) Completed on \_\_\_\_\_

(Interim documents are kept for 3 years. From a workflow standpoint, it may be easier to purge them after two consecutive regular license periods.)

- \_\_\_\_\_ Onsite Inspection Record
- \_\_\_\_\_ Confirming Letter
- \_\_\_\_\_ Corrective Action Plan (s) (if applicable)
- \_\_\_\_\_ Statement of Corrections (if applicable)
- \_\_\_\_\_ Corrective Action Plan Approval/Disapproval (if applicable)
- \_\_\_\_\_ Verification of CAP compliance documentation
- \_\_\_\_\_ Supporting Documents (if any)

**PROVISIONAL** Resulting from Renewal \_\_\_\_\_ OR Special Investigation \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ (provisional documents to be kept for 3 years. From a workflow standpoint, it may be easier to purge them after two consecutive regular license periods.)

- \_\_\_\_\_ Provisional Issuance Letter
- \_\_\_\_\_ LSR Transmittal Letter (LSR/SIR)
- \_\_\_\_\_ Onsite Inspection Record (if applicable)
- \_\_\_\_\_ Corrective Action Plan (s)
- \_\_\_\_\_ Notice of Intent
- \_\_\_\_\_ Proposed Final Decision (If involuntary)
- \_\_\_\_\_ Director's Final Order (if involuntary)



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 27, 2026

Sandra Vinson  
A Senior Promise LLC  
18115 Kinross  
Beverly Hills, MI 48206

RE: License #: AS820414523  
**A Senior Promise**  
**20500 Fenton**  
**Detroit, MI 48219**

Dear Sandra Vinson:

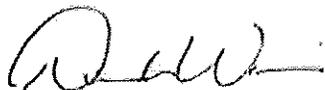
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 456-0439.

Sincerely,



Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820414523

**Licensee Name:** A Senior Promise LLC

**Licensee Address:** 18115 Kinross  
Beverly Hills, MI 48206

**Licensee Telephone #:** (313) 656-7105

**Licensee/Licensee Designee:** Sandra Vinson

**Administrator:** Sandra Vinson

**Name of Facility:** A Senior Promise

**Facility Address:** 20500 Fenton  
Detroit, MI 48219

**Facility Telephone #:** (313) 656-7105

**Original Issuance Date:** 06/12/2025

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.  
A meal was not prepared or observed during this onsite inspection. Lunch was served prior to renewal 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 found to be in non-compliance with the following rules:

**R 400.615                      Resident register.**

**A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:**

- (a) Resident full name.**
- (b) Resident date of birth.**
- (c) Date of admission.**
- (d) Date of discharge and location, if known, where the resident moved.**

At the time of inspection, the licensee designee, Sandra Vinson, did not maintain a chronological register of residents who are admitted to the home.

**R 400.619                      Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

At the time of inspection, emergency and evacuation procedures were not conducted during daytime, evening, and sleeping hours at least once per quarter. No records were available for department review.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**

(g) Prevention and containment of communicable diseases including recognizing signs of illness.

(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.

(i) Nutrition and special diets.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain verification of training in the following areas:

- Personal care, supervision, and protection.
- Resident rights.
- Safety and fire prevention.
- Prevention and containment of communicable diseases including recognizing signs of illness.
- Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- Nutrition and special diets.

**R 400.631            Health screenings.**

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health within 30 days of employment start date.

Starlika Vinson's date of hire was 7/29/2025 and her physical was dated 11/03/2025.

**R 400.639            Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

- (c) Copy of a driver's license if staff provide transportation services.
- (d) Verification of age.
- (e) Verification of experience, highest level of education completed, and training.
- (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
- (g) Beginning and ending dates of employment on separation.
- (h) Health information as required by these rules.
- (i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain verification of the following:

- Experience, highest level of education completed, and training.
- Verification of not less than 2 reference checks

**R 400.647                    Safety and maintenance of premises.**

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

At the time of inspection, the shower and bath area was not equipped with nonskid surfacing.

**R 400.655                    Living space.**

(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

At the time of inspection, the bathroom window would not open. The bathroom is not equipped with forced ventilation.

**R 400.665                    Food service.**

(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.

At the time of inspection, the front left burner on the stove was not in working condition.

**R 400.669                    Linens.**

(1) A licensee shall provide all of the following:

(a) Clean bedding in good condition that includes a minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed.

(b) At least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident.

(c) Bath towels and washcloths.

At the time of inspection, both beds in the East resident bedrooms were not equipped with the following:

- Fitted sheet
- Blanket or comforter for each bed.

**R 400.673            Use of assistive devices, therapeutic support.**

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of inspection, an over the toilet commode was observed in the bathroom without written authorization.

**R 400.675            Resident medications.**

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

At the time of inspection:

- Resident A's medication administration records (MARs) did not contain initials of the person who administers the medication, instead an "X" was in the box to indicate the medication was given. Licensee designee, Sandra Vinson stated she was uncertain if initials or an "X" was required.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A's file did not contain a completed written assessment plan that was completed at the time of admission.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

- (a) A statement that the facility is licensed to provide foster care to adults.
- (b) The services to be provided and the fee for those services.
- (c) Any additional costs in addition to the basic fee that is charged.
- (d) A resident's rights policy.
- (e) A discharge policy.
- (f) Transportation services provided for a basic fee and services that are provided at an extra cost.
- (g) A refund policy.
- (h) A resident's funds and valuables policy.
- (i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.
- (j) An agreement by the licensee to respect and safeguard the resident's rights.
- (k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.
- (l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.
- (m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

At the time of inspection, Resident A's file did not contain a resident care agreement that was completed at the time of admission.

On 01/14/2026, I completed an exit conference with licensee designee, Sandra Vinson regarding the findings including quality-of-care violations. Based on the current temporary license status, I provided Ms. Vinson an opportunity to explain the deficiencies. Ms. Vinson accepted accountability and stated she previously operated as an unlicensed facility and was not familiar with all of the licensed requirements, but she intends to correct all the errors. I explained to Ms. Vinson that due to multiple violations and the level of substantial non-compliance that jeopardizes the health and safety of the residents, a six-month provisional license is recommended. I stated a written corrective action plan is required, in which she agreed to submit. I stated the department offers technical assistance and an abundance of training to better assist her.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

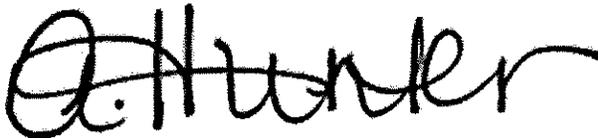


1/22/2026

Denasha Walker  
Licensing Consultant

Date

Approved by:



1/27/2026

Ardra Hunter  
Area Manager

Date

1/29/26

A5820414523

To whom it may concern I SANDRA VINSON  
do accept they Temporary PROVISIONAL LICENSE  
condition.

Sandra Vinson  
1/29/26

### AFC/HFA SAMPLE CORRECTIVE ACTION PLAN

A corrective action plan (CAP) must identify:

- How compliance with each rule violation will be achieved
  - Timeframes for completion/implementation of correction of each violation
  - How continuing compliance will be maintained once achieved
  - Who is responsible for implementing corrective action for each violation
- CAP must be dated and signed by Licensee, Licensee Designee, or for HFA only, Authorized Representative

Facility Name:

A Senior Promise

License Number:

AS820414523

Rule #	Describe violation:	Date Achieved/Implemented:	Person Responsible:
R 400.665 (8)	The front left burner on the stove was not in working condition.		
Corrective action:	<i>All burner work stove has been repaired</i>	<i>2/9/26</i>	<i>Sandra Vinson</i>
How maintained:	<i>have the stove inspected every 6 months</i>		
Rule #	Describe violation: Both beds in the East resident bedrooms were not equipped with the following: • Fitted sheet • Blanket or comforter for each bed.		
R 400.669 (1)			
Corrective action:	<i>All beds contain proper bedding</i>	<i>1/15/26</i>	<i>Sandra Vinson</i>
How maintained:	<i>will inspect beds by weekly to insure proper bedding</i>		
Rule #	Describe violation: An over the toilet commode was observed in the bathroom without written authorization.		
R 400.673 (2)			
Corrective action:	<i>The over toilet commode was removed</i>	<i>1/15/26</i>	<i>Sandra Vinson</i>
How maintained:	<i>A home inspection will be conducted by weekly</i>		
Rule #	Describe violation: Resident A's medication administration records (MARs) did not contain initials of the person who administers the medication, instead an "X" was in the box to indicate the medication was given. Licensee designee, Sandra Vinson stated she was uncertain if initials or an "X" was required.		
R 400.675 (4)			
Corrective action:	<i>All direct care staff have been in service</i>	<i>2/20/26</i>	<i>Sandra Vinson</i>
How maintained:	<i>All direct care staff will do the LARA TRAINING on administering (MARs) once a month and a daily review of the (MARs) for initials</i>		
Signature of Licensee/Licensee Designee, or for HFA only, Authorized Representative:	<i>Sandra Vinson</i>		<i>2/9/26</i>

**AFC/HFA SAMPLE CORRECTIVE ACTION PLAN**

A corrective action plan (CAP) must identify:

- How compliance with each rule violation will be achieved
  - Timeframes for completion/implementation of correction of each violation
  - How continuing compliance will be maintained once achieved
  - Who is responsible for implementing corrective action for each violation
- CAP must be dated and signed by Licensee, Licensee Designee, or for HFA only, Authorized Representative

Facility Name:  
A Senior Promise

License Number:  
AS820414523

Rule # R 400.615	Describe violation: Licensee designee, Sandra Vinson, did not maintain a chronological register of residents who are admitted to the home.	Date Achieved/Implemented: 1/15/26	Person Responsible: Sandra Vinson
Corrective action: <i>A register of residents was completed and maintain in the home.</i>	How maintained: <i>The register of residents will be reviewed weekly</i>		
Rule # R 400.619 (8)	Describe violation: Emergency and evacuation procedures were not conducted during daytime, evening, and sleeping hours at least once per quarter. No records were available for department review.	Date Achieved/Implemented: 1/14/26 and 1/19/26	Person Responsible: Sandra Vinson
Corrective action: <i>A EMERGENCY AND EVACUATION PROCEDURES WAS CONDUCTED FOR DAYTIME, EVENING, AND SLEEPING HOURS AND THE RECORD ARE AVAILABLE</i>	How maintained: <i>EMERGENCY AND EVACUATION PROCEDURES WILL BE CONDUCTED EVERY 4 QUARTER PER CALENDAR YEAR DURING EACH SHIFT FROM 3pm-11pm AND 11pm-7am</i>		
Rule # R 400.629 (5)	Describe violation: Direct care staff Starlika Vinson employee file did not contain training verification for the following: • Prevention and containment of communicable diseases including recognizing signs of illness. • Resident rights • Personal care, supervision, and protection. • Nutrition and special diets. • Safety and fire prevention • Food safety; which includes food storage, preparation, distribution, and serving in a safe manner.	Date Achieved/Implemented: 1/15/26	Person Responsible: Sandra Vinson
Corrective action: <i>All direct care staff will be train at the time of hire</i>	How maintained: <i>All direct care staff will be train with in 30 day of hire and copy of training will be keep in Employee File</i>		
Signature of Licensee/Licensee Designee, or for HFA only, Authorized Representative: <i>Sandra Vinson</i>		Date of Signature: 2/19/26	

### AFC/HFA SAMPLE CORRECTIVE ACTION PLAN

A corrective action plan (CAP) must identify:

- How compliance with each rule violation will be achieved
  - Timeframes for completion/implementation of correction of each violation
  - How continuing compliance will be maintained once achieved
  - Who is responsible for implementing corrective action for each violation
- CAP must be dated and signed by Licensee, Licensee Designee, or for HFA only, Authorized Representative

Facility Name:

A Senior Promise

License Number:

AS820414523

<p>Rule # R 400.631 (2)</p>	<p>Describe violation: Direct care staff Starlika Vinson employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health within 30 days of employment start date.</p>	<p>Date Achieved/Implemented: 1/15/26</p>
<p>Corrective action: <i>All direct care staff physical health form will be completed within 30 days of start date.</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 2/5/26</p>
<p>How maintained: <i>Review the files to make sure it is in compliance on a weekly basis.</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Rule # R 400.639 (1)</p>	<p>Describe violation: Direct care staff Starlika Vinson employee file did not contain verification of the following: • Experience, highest level of education completed, and training. • Verification of not less than 2 reference checks</p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Corrective action: <i>All direct care staff reference will be verify at the time of hire and a copy of education will be retain.</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>How maintained: <i>Employee file will be review and maintain by weekly</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Rule # R 400.647 (14)</p>	<p>Describe violation: The shower and bath area was not equipped with nonskid surfacing.</p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Corrective action: <i>The shower and bath area now have a nonskid surfacing</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>How maintained: <i>AN inspection will be completed monthly</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Rule # R 400.655 (1)</p>	<p>Describe violation: The bathroom window would not open. The bathroom is not equipped with forced ventilation.</p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Corrective action: <i>The bathroom window is now open</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>How maintained: <i>A monthly inspection will be completed</i></p>	<p>Person Responsible: <i>Sanchea Vinson</i></p>	<p>Date Achieved/Implemented: 1/16/26</p>
<p>Signature of Licensee/ Licensee Designee, or for HFA only, Authorized Representative: <i>Sanchea Vinson</i></p>	<p>Signature of Licensee/ Licensee Designee, or for HFA only, Authorized Representative: <i>Sanchea Vinson</i></p>	<p>Date of Signature: <i>2/9/26</i></p>





GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 18, 2026

Sandra Vinson  
A Senior Promise LLC  
18115 Kinross  
Beverly Hills, MI 48206

RE: Lic/App. A Senior Promise  
#: AS820414523

Dear Sandra Vinson :

This letter is to advise you that the 2/09/2026 corrective action plan you submitted, regarding each rule violation cited in the recently completed Licensing Study Report, is approved.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

A temporary provisional license is issued effective 02/13/2026 for quality of care deficiencies.

The Department provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available, and you must speak to someone immediately, please contact the local office at.

Sincerely,

Area Manager

**AFC HOME INSPECTION RECORD WORKSHEET**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

<b>FACILITY</b> A Senior Promise	<b>LICENSE NUMBER</b> AS820414523	<b>DATE</b> 1/14/2025
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<b>FACILITY RECORDS</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
R 611(4)	Written notice to the department within 10 business days after a change occurs in information previously submitted or with application for a license	<input type="checkbox"/>
R 611(1)(a) R 617(1)(b)	Program Statement- meets definition 601(1)(x) copy provided	<input type="checkbox"/>
R 611(1)(a) R 617(1)(a)	Admission Policy- meets definition 601(1)(c) copy provided	<input type="checkbox"/>
R 611(1)(b) R 617(1)(i)	Personnel Policy-available & has required content 701(1)(a-f) (excluding family homes that do not employ staff)	<input type="checkbox"/>
R 611(1)(c) R 639(1)(i)	Job descriptions available and provided to staff	<input type="checkbox"/>
R 611(1)(d)	Standard or Routine Procedures-available	<input type="checkbox"/>
R 611(1)(e)	Proposed staffing patterns available & reviewed	<input type="checkbox"/>
R 611(1)(f)	Organizational Chart	<input type="checkbox"/>
R 611(1)(g)	Copies of agreements or contracts for funding, care, treatment or supplemental services.	<input type="checkbox"/>
R 611(1)(h)	Current floor plan of each level and basement of entire structure, room descriptions, specifics of use, number of beds, and dimensions of floor space-copy provided	<input type="checkbox"/>
R 611(1)(i)	Verification of lease, ownership, or right to occupy copy provided	<input type="checkbox"/>
R 611(1)(j)	Articles of incorporation, letter of auth. from board of directors that designates individual authorized to act on behalf of corporation on licensing matters, current list of corporate directors (if applicable), and certificate of incorporation	<input type="checkbox"/>
R 611(1)(k) R 617(1)(m) R 619(1)	Emergency preparedness plan including where residents will receive care if facility is no longer habitable	<input type="checkbox"/>
R 611(3)	License posted in the facility	<input checked="" type="checkbox"/>
R 611(2)	License fee to accompany initial license or renewal application	<input checked="" type="checkbox"/>
R 615(a-d)	Chronological resident register with resident full name, DOB, date of admission, and discharge location (if known)	<input checked="" type="checkbox"/>
R 617(1)(c) R 687(1)	Discharge Policy meets definition 601(1)(l) & requirements /copy provided to resident or designated representative	<input type="checkbox"/>
R 617(1)(d) R 691	Resident Records	<input checked="" type="checkbox"/>

R 617(1)(e) R 615	Resident Register	<input checked="" type="checkbox"/>
R 617(1)(f) R 685(6)	Resident Care Agreement	<input checked="" type="checkbox"/>
R 617(1)(g) R 691(1)(h)	Accident records and incident reports	<input checked="" type="checkbox"/>
R 617(1)(h) R 639	Staff records	<input checked="" type="checkbox"/>
R 617(1)(j)	Certification as a specialized program, if applicable	<input checked="" type="checkbox"/>
R 617(1)(k)	Fire Drill Records	<input checked="" type="checkbox"/>
R 617(1)(m)	Reports of fire or severe property damage	<input type="checkbox"/>
R 617 (1)(n)	Records of variances granted	<input type="checkbox"/>
R 617(1)(o) R 729(3)	Heating equipment inspection & approval records, if applicable	<input checked="" type="checkbox"/>
R 617(1)(p)	Fire detection and sprinkler equipment inspection and approval records	<input type="checkbox"/>
R 617(1)(q) R 649	Electrical inspection records	<input checked="" type="checkbox"/>
R 617(1)(r)	Fire safety reports from the department or state fire marshal	<input type="checkbox"/>
R 617(1)(s)	Environmental Health Inspection Report	<input type="checkbox"/>
R 617(1)(t) R 663(7)	Menus kept for 90 days	<input checked="" type="checkbox"/>
R 617(1)(u)	Vaccination and license records of pets in facility	<input type="checkbox"/>
R 617(2)	Service records of emergency repair of heating, cooling, plumbing, and electrical equipment and persons to contact	<input checked="" type="checkbox"/>
R 619(2)(a-f)	Emergency preparedness plan includes: persons responsible for carrying out the plan and their responsibilities, persons to be notified during an emergency, locations of alarm signals and fire extinguishers, evacuation routes and designated point of safety, procedures and special staff response for evacuating residents with limited mobility/special needs or visits, and any special assistance needed by a resident	<input type="checkbox"/>
R 619(3)(a-f)	Written fire safety plan includes: use of and response to alarms, notification of an alarm to the fire department, isolation of fire, evacuation of the facility, closure of bedroom doors and corridor access doors on exiting, and use of fire extinguishers	<input checked="" type="checkbox"/>
R 619(4)	Evacuation points of designed point of safety prominently posted in the facility (includes floor plan which specifies locations of evacuation and exit routes)	<input checked="" type="checkbox"/>
R 619(5)	Telephone access, and emergency (fire, police, medical services) numbers posted	<input checked="" type="checkbox"/>
R 619(6)	Residents, volunteers, and members of the household are familiar with emergency preparedness plan and fire safety plan, and any assigned responsibilities to carry out the plan	<input checked="" type="checkbox"/>
R 619(7)	Staff instructed and re-trained quarterly per calendar year, and new staff trained on the emergency preparedness plan, operation of fire alarm and other fire protection equipment. Record of instruction kept on file for 2 years	<input checked="" type="checkbox"/>

R 619(8)	Practice emergency preparedness plan and fire safety plan once a quarter per calendar year during each shift (7am-3pm, 3pm-11pm, and 11pm-7am). Record maintained for two years	<input checked="" type="checkbox"/>
R 619(9)	Immediate emergency transportation is available through community service or vehicle owned by licensee, administrator, or direct care staff	<input checked="" type="checkbox"/>
R 635(1)(a)	Proposed Budget	<input type="checkbox"/>
R 635(1)(a-e)	If applicable, an operational budget, invoices, purchase orders, receipts, or other non-proprietary documents maintained in the normal course of business that demonstrate the provision of care and services	<input type="checkbox"/>
Act MCL 400.726b	Alzheimer's disease or related conditions program description	<input type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

<b>LICENSEE/LICENSEE DESIGNEE/ADMINISTRATOR</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
R 623(1)	Administrative Capability & Financially Capable	<input checked="" type="checkbox"/>
R MCL400.713 (3)(e)	Licensing Record Clearance, good moral character & suitable	<input checked="" type="checkbox"/>
R 631(1)	Physician's Health Statement	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>COMPETENCY REQUIREMENT</b>		
R 623(2)(a)	Nutrition	<input checked="" type="checkbox"/>
R 623(2)(b)	First Aid	<input checked="" type="checkbox"/>
R 623(2)(c)	CPR	<input checked="" type="checkbox"/>
R 623(2)(d)	Foster Care, as defined by the act	<input checked="" type="checkbox"/>
R 623(2)(e)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
R 623(2)(f)	Financial & Administrative Management	<input checked="" type="checkbox"/>
R 623(2)(g)	Knowledge of needs of the population	<input checked="" type="checkbox"/>
R 623(2)(h)	Resident Rights	<input checked="" type="checkbox"/>
R 623(2)(i)	Prevention & containment of Communicable Disease	<input checked="" type="checkbox"/>
R 623(2)(j)	Medication Administration	<input checked="" type="checkbox"/>
R 623(4)	1 year experience with population and high school diploma or equivalent (education not applicable to family or congregate facilities licensed on or before rules were promulgated and have been continually licensed)	<input checked="" type="checkbox"/>

R 623(7)	Designate in writing individual who is on-site or immediately available who can carry-out licensee/administrator responsibilities in temporary absence of licensee/administrator. Make known to all staff	<input checked="" type="checkbox"/>
R 623(9)	If applicable, notify department of name of any volunteer or household member who is on court-supervised probation or convicted of a felony	<input type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>QUALIFICATIONS</b>		
R 623(5)(a)	Capable of meeting physical, emotional, social and intellectual needs of residents	<input checked="" type="checkbox"/>
R 623(5)(b)	Capable of handling emergency situations	<input checked="" type="checkbox"/>
R 623(5)(c)	Ensuring program planning, development, and implementation of services to residents consistent with facility's program statement and in accordance with assessment plan and care agreement of residents	<input checked="" type="checkbox"/>
R 627(1)(a & b)	Annual training: 16 hrs. or 6 credit hrs. at accredited college or university	<input type="checkbox"/>
R 627(2)	Complete the department training, AFC New Provider Training within 6 months of initial license or 6 months of being hired	<input type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

<b>MEMBERS OF THE HOUSEHOLD</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
R 621	Capable of ensuring the welfare of residents	<input type="checkbox"/>
R 631(1)	Physician's statement on file in home	<input type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

<b>STAFF RECORDS</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
R 639(1)(a)	Name, Address, Phone Number, Social Security Number	<input checked="" type="checkbox"/>
R 639(1)(b)	Copy or number of professional or vocational license, certifications, or registration if staff provides professional or vocational services	<input type="checkbox"/>
R 639(1)(c)	Copy of Driver's License if staff provides transportation services	<input checked="" type="checkbox"/>
R 639(1)(d)	Verification of Age	<input checked="" type="checkbox"/>
R 639(1)(e)	Verification of experience, highest level of education completed, and training	<input checked="" type="checkbox"/>

R 639(1)(f)	Verification of not less than 2 reference checks. If cannot be obtained, documentation that reference checks were attempted must be maintained	<input checked="" type="checkbox"/>
R 639(1)(g)	Beginning and ending dates of employment on separation	<input checked="" type="checkbox"/>
R 639(1)(h)	Health information as required by these rules	<input checked="" type="checkbox"/>
R 639(1)(i)	Verification of the receipt by the staff of personnel policies and job descriptions within 30 days of employment start date, assumption of duties, or occupancy in the facility	<input checked="" type="checkbox"/>
R 631(1)	Volunteers shall be in such physical and mental health as not to negatively affect the health or care of residents	<input checked="" type="checkbox"/>
R 631(2)	Statement signed by licensed physician or physician's designee attesting to the physical health	<input checked="" type="checkbox"/>
R 631(3)	Annual health review	<input checked="" type="checkbox"/>
R 631(5)	Baseline screening for communicable diseases and records of illness on hiring	<input checked="" type="checkbox"/>
MCL400.713 (3)(e)	Verification of GMC determination – hired prior to 8/01/04	<input checked="" type="checkbox"/>
MCL400.734b & 400.713(3)(e)	Volunteers-Physical/mental health and free from communicable disease.	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

**VERIFICATION OF STAFF TRAINING & COMPETENCIES**

R 629(5)(a)	Reporting requirements	<input checked="" type="checkbox"/>
R 629(5)(b)	First Aid	<input checked="" type="checkbox"/>
R 629(5)(c)	CPR which includes a hands-on demonstration as part of the training	<input checked="" type="checkbox"/>
R 629(5)(d)	Personal Care/ Supervision/ Protection	<input checked="" type="checkbox"/>
R 629 (5)(e)	Resident Rights	<input checked="" type="checkbox"/>
R 629(5)(f)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
R 629(5)(g)	Prevention & Containment of Communicable Diseases Including Recognizing Signs of Illness	<input checked="" type="checkbox"/>
R 629(5)(h)	Food Safety, which includes food storage, preparation, distribution, and serving in a safe manner	<input checked="" type="checkbox"/>
R 629(5)(i)	Nutrition and Special Diets	<input checked="" type="checkbox"/>
R 675(4)(a)	Proper Handling and Administration of Medication	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

**RESIDENT RECORDS**

<b>RULE #</b>	<b>DECRPTION</b>	<b>CHECK IF ASSESSED</b>
R 691(1)(a)(i)	Resident Name	<input checked="" type="checkbox"/>

R 691(3)	Kept for 2 years after discharge	<input checked="" type="checkbox"/>
R 691(1)(b)	Admission Date	<input checked="" type="checkbox"/>
R 691(1)(a)(i-xi)	SS#, DOB, marital status, veteran's status, gender identity, former address, name, address, phone # of identified contact/designated representative, responsible person/agency, funeral provisions, religious preference	<input checked="" type="checkbox"/>
R 691 (1)(c)	Discharge date and where went	<input checked="" type="checkbox"/>
R 691(1)(d)(i)	Health Care Appraisal completed	<input checked="" type="checkbox"/>
R 691(1)(d)(ii)	Medication Administration Record	<input checked="" type="checkbox"/>
R 691(1)(d)(iii)	Name, address, and contact information for preferred health care professional and hospital	<input checked="" type="checkbox"/>
R 691(1)(d)(iv)	Medical Insurance	<input checked="" type="checkbox"/>
R 691(1)(d)(v)	Statements and instructions for supervising prescribed medications including dietary supplements, and medical procedures.	<input checked="" type="checkbox"/>
R 691(1)(d)(vi)	Emergency care and advanced medical directives, if applicable.	<input checked="" type="checkbox"/>
R 691(1)(e)	Resident Care Agreement Completed	<input checked="" type="checkbox"/>
R 691(1)(f)	Assessment Plan Completed	<input checked="" type="checkbox"/>
R 691(1)(g)	Resident weight recorded at admission and monthly	<input checked="" type="checkbox"/>
R 691(1)(h)	Incident Reports	<input checked="" type="checkbox"/>
R 691(1)(i)	Resident Funds and Valuables Record and Resident Refund Agreement and Required Signatures	<input checked="" type="checkbox"/>
R 691(1)(j)	Resident Grievances (including nature of the grievance, date, and statement of how addressed)	<input checked="" type="checkbox"/>
R 691(k)	Resident Discharge Notice	<input checked="" type="checkbox"/>
R 675(1)	Medications given, taken, or applied as prescribed, ordered or directed by licensed health care professional	<input checked="" type="checkbox"/>
R 637(5)	Resident funds separate from licensees	<input checked="" type="checkbox"/>
R 637(12)	Prior written approval of charges to a resident's account	<input checked="" type="checkbox"/>
R 671(4)	Supervision, protection, and care provided per Assessment Plan	<input checked="" type="checkbox"/>
R 673(1)	Assistive Device use specified in Assessment Plan	<input checked="" type="checkbox"/>
R 673(2)	Assistive Device authorizations in file including reason for the device and term of the authorization	<input checked="" type="checkbox"/>
R 687(1)	Discharge procedures in compliance	<input checked="" type="checkbox"/>
R 675(1)	Special diets prescribed by physician	<input checked="" type="checkbox"/>
R 75(4)(d)(f)(g) R 691(1)(d)(ii)(v)	Physician's instructions and contacts recorded	<input checked="" type="checkbox"/>
R 663(7)	Record of Special Diet served and menus maintained for 90 days	<input checked="" type="checkbox"/>
R 693(3)	Incident/Accident Reports on file for 2 years	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

<b>PHYSICAL PLANT</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
<b>KITCHEN</b>		
R 645(3)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
R 645(5)	Trash Containers Leak Proof/Tight Lid	<input checked="" type="checkbox"/>
R 645(6)	Evidence of Rodents, Pests, Insects	<input checked="" type="checkbox"/>
R 645(7)	Caustic/Poisons Away from Food	<input checked="" type="checkbox"/>
R 645(9)	Hand Washing Facilities/Indiv. Towels	<input checked="" type="checkbox"/>
<b>FOOD SERVICE</b>		
R 665(1)	Properly equipped to prepare and serve adequate meals	<input checked="" type="checkbox"/>
R 665(2)	Food Quality	<input checked="" type="checkbox"/>
R 665(3)	Food Storage - All locations	<input checked="" type="checkbox"/>
R 665(4)(5)	Refrigerators/Freezers / Thermometers / Cold Food Below 40°F/Hot Above 140°F	<input checked="" type="checkbox"/>
R 665(6)	Equip/Utensils: Cleaning/Type/Condition	<input checked="" type="checkbox"/>
R 665(7)	Food Labeling	<input checked="" type="checkbox"/>
R 665(8)(9)	Appliance Installation/Hood or Canopy Filters/Clean Filters	<input checked="" type="checkbox"/>
R 665(10)	Food Prep Areas Clean/Good Repair	<input checked="" type="checkbox"/>
R 647(1)(5)	Floors/Walls/Counter Finishes Condition and cleanliness	<input checked="" type="checkbox"/>
R 647(8)	Kitchen floor surfaces constructed/maintained to be reasonably impervious to water/allow floor to be easily maintained and in clean condition.	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>BATHROOMS</b>		
R 645(3)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
R 645(7)	Caustics – nonresident areas	<input checked="" type="checkbox"/>
R 645(9)	Hand Washing / Indiv. Hand Towels	<input checked="" type="checkbox"/>
R 647(14)	Handrails in Showers/bath Areas	<input checked="" type="checkbox"/>
R 647(14)	Tub Non-Skid Surfacing in showers/tub	<input checked="" type="checkbox"/>
R 647(1)	Lighting adequate	<input checked="" type="checkbox"/>
R 647(5)	Walls, Floors, Ceilings	<input checked="" type="checkbox"/>
R 647(6)	Plumbing in Good Working Condition / Properly Installed	<input checked="" type="checkbox"/>
R 647(5)	Floor Covering Easily Cleanable	<input checked="" type="checkbox"/>

R 647(8)	Kitchen floor surfaces constructed/maintained to be reasonably impervious to water/allow floor to be easily maintained and in clean condition.	<input checked="" type="checkbox"/>
R 655(1)	Bathrooms with window(s)- window must open easily for ventilation. W/o window(s)- forced ventilation to the outside	<input checked="" type="checkbox"/>
R 655(3)	Doors, Hardware, Latches	<input checked="" type="checkbox"/>
R 655(4)	One Full Bath per 8 Occupants	<input checked="" type="checkbox"/>
R 655(5)	1 Toilet, 1 Bathing Fixture, & 1 Sink on Each Floor with Resident Bedrooms	<input checked="" type="checkbox"/>
R 655(6)	Facilities licensed on May 24, 1994- If not 1 Toilet, 1 Bathing Fixture, & 1 Sink on Each Floor with Resident Bedrooms-Variance to R 655(5) Granted	<input checked="" type="checkbox"/>
R 669(1)(c) R 669(2)	Clean Towels / Washcloths for Each Resident – Laundered 2 Times Weekly	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>LIVING AREAS (RESIDENT ACCESS &amp; ADEQUACY)</b>		
R 645(8)	Ventilation, Openable Windows / Screen or Air Conditioning	<input checked="" type="checkbox"/>
R 647(1)	Maint.: Prov. Health/Safety/Well Being	<input checked="" type="checkbox"/>
R 647(2)	Clean and Orderly	<input checked="" type="checkbox"/>
R 647(3)	Well Lighted and Ventilated	<input checked="" type="checkbox"/>
R 647(5)	All Surfaces and Finishes Easily Cleanable and Good Repair	<input checked="" type="checkbox"/>
R 647(17)	Steam Radiators and Hot Water Pipes Shielded	<input checked="" type="checkbox"/>
R 651(2) R 651(10)	35 Sq. Ft. Living Space per Occupant, excluding bathrooms, storage areas, hallways, kitchens, and sleeping areas. Facilities licensed on or before May 24, 1994 may apply for a variance	<input checked="" type="checkbox"/>
R 651(4)	Resident with Impaired Mobility Accessibility / Street Level	<input checked="" type="checkbox"/>
R 651(5)	Doorways to living, dining, bathroom, and resident bedroom(s) have a width to allow for residents requiring wheelchairs or other devices	
R 651(6)	No Residents Above 2nd Floor (Post 05/24/94 – See 651(10) for Exceptions)	<input checked="" type="checkbox"/>
R 651(8)	Adequate Multipurpose Space	<input checked="" type="checkbox"/>
R 651(9)	Dining Space to Accommodate All Res.	<input checked="" type="checkbox"/>
R 653	Room Temperature and Circulating Air Other (68-72°)	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>BEDROOMS</b>		
R 645(10)	Cleaned and Sanitized at Discharge	<input checked="" type="checkbox"/>
R 651(3)	Resident Storage Space	<input checked="" type="checkbox"/>
R 657(1)	Bedrooms 50% or More above Grade – 2 Means of Egress	<input checked="" type="checkbox"/>
R 657(4) R 725(3)	Side Hinged Door, Nonlocking Against Egress – 30-Inch Wide (507(5) after March 1980)	<input checked="" type="checkbox"/>
R 657(7)	One Openable Window	

R 657(8)	Residents of different Gender identities-Occupancy	<input checked="" type="checkbox"/>
R 651(4)	Impaired Mobility on Street Floor	<input checked="" type="checkbox"/>
R 659(1)	Usable Floor Space – under a ceiling that is not less than 6 feet, 6 inches in height (excluding closets/wardrobes). Alcoves or any other part of room that does not have at least 7-foot horizontal dimension must be excluded	<input checked="" type="checkbox"/>
R 659(2)(3)	A single occupancy resident bedroom-not less than 80 square feet of usable floor space, except for family homes, which require 65 square feet of usable floor space. A multioccupancy resident bedroom-not less than 65 square feet of usable floor space per bed	<input checked="" type="checkbox"/>
R 659(4)(5)	Maximum of 2 beds in any multioccupancy bedroom except for facilities licensed on or before May 24, 1994 if the license has remained in continuous effect	<input checked="" type="checkbox"/>
R 659(6)	3 Feet of Clearance Between Beds	<input checked="" type="checkbox"/>
R 661(1)(a) R 661(2) R 669(2)	Bed that is not less than 36 inches wide and not less than 72 inches long with a foundation that is clean, in good condition, and provides adequate support. Can be removed if the Resident/Resident Representative requests that it be removed, the Resident's health care professional approves an alternative sleeping arrangement-documented Assessment Plan. Bed linens must be changed and laundered at least once a week	<input checked="" type="checkbox"/>
R 661(1)(b)	Mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials	<input checked="" type="checkbox"/>
R 661(1)(c)	Closet or wardrobe space	
R 661(1)(d)	Dresser or equivalent	<input checked="" type="checkbox"/>
R 661(1)(e)	Chair	<input checked="" type="checkbox"/>
R 661(3)	Resident can use their own bedroom furnishings instead of the licensee provided furnishings listed in subrule (1) of this rule if they request it	<input checked="" type="checkbox"/>
R 661(4)	Adequate lighting, accessible mirror, and provisions to allow a resident to mount pictures/decorative items on walls	<input checked="" type="checkbox"/>
R 661(5)(a-g)	No roll-a-way bed, cot, double-deck beds stacked bunks, hide-a-bed, daybed, or waterbed	
R 669(1)(a)	Clean bedding-good condition. Minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed	<input checked="" type="checkbox"/>
R 669(1)(b)	At least 1 standard bed pillow	<input checked="" type="checkbox"/>
R 669(1)(c) 669(2)	Towels and Wash Cloths Provided / Cleaned not less than twice weekly or more often if soiled	<input checked="" type="checkbox"/>
R 669(3)	Minimum linen supply	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>STAIRS – EXTERIOR / INTERIOR &amp; EXITS</b>		
R 647(9)	Stairways with more than 1 step-sturdy and securely fastened handrails. Handrails-30 to 34 inches above the upper surface of the tread	<input checked="" type="checkbox"/>
R 647(10)	Effective Nov 3, 2025-new or renovated exterior and interior stairways and ramps-handrails on the open sides	
R 647(11)	Porches and decks 8 inches or more above grade-deck railing on open sides	<input checked="" type="checkbox"/>

R 647(12)	Stairs Uniform in Size and Rise (does not apply to family or congregate facilities licensed on or before Nov 3, 2025, that have been continuously licensed	<input checked="" type="checkbox"/>
R 647(15)	Sidewalks, Entrances, Fire Escape Routes Clear	<input checked="" type="checkbox"/>
R 737(3) R 725(3)	Width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways	<input checked="" type="checkbox"/>
R 737(3) R 725(3)	Required means of egress-equipped with positive-latching, non-locking-against-egress hardware.	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>
<b>EXTERIOR</b>		
645(5)	Rubbish Removal from Home Daily and Premises Weekly	<input checked="" type="checkbox"/>
647(1)(16)	Maintenance of Yard Area / Premises	<input checked="" type="checkbox"/>
R 647(4)	Exterior Walls, Roof, Doors / Windows (Chimney, Eaves, Screens, Paint/ Siding) weather tight/watertight	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input checked="" type="checkbox"/>
<b>MISCELLANEOUS</b>		
R 675(2)	Locked Storage of Medications	<input checked="" type="checkbox"/>
R 619(5)	Telephone available and accessible	<input checked="" type="checkbox"/>
R 619(9)	Emergency transportation available	<input checked="" type="checkbox"/>
R 697(2)(a)	Car in good operating condition	<input checked="" type="checkbox"/>
R 697(2)(b)	First Aid Kit in car	<input checked="" type="checkbox"/>
R 697(2)(d)	Car inspection	
R 645(1)(2)	Water Test (initially and every 2 years)	<input checked="" type="checkbox"/>
R 645(3)	Hot and Cold Running Water	<input checked="" type="checkbox"/>
R 645(4)	Public Sewer or Approved System (initially and every 2 years)	<input checked="" type="checkbox"/>
R 645(8)	Screens on any opening to outside (April to November)	<input checked="" type="checkbox"/>
R 647(6)(7)	Plumbing properly installed and maintained. Water Heater Temperature Control and Pressure Release Valve	<input checked="" type="checkbox"/>
R 647(13)	Rugs (Nonskid Backing)	<input checked="" type="checkbox"/>
R 667	Adequate Provision for Laundry	<input checked="" type="checkbox"/>
R 647(1) R 729(2)	Dryer Vented with Metal Duct (510(2)(3) after March 1980)	<input checked="" type="checkbox"/>
R 647(1) R 739(5) R 731(4)	Combustible Storage (244(4) on or before March 1980) (511(4) after March 1980)	<input checked="" type="checkbox"/>
R 647(1) R 649 R 745(4)	Wiring (512 (1)(2) after March 1980) (400.2246 on or before March 1981)	<input checked="" type="checkbox"/>
R 647(1)	Home Healthy, Safe and Well- Being of Residents	<input checked="" type="checkbox"/>

	Comments Click or tap here to enter text.	<input checked="" type="checkbox"/>
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<b>FIRE SAFETY LICENSED ON OR BEFORE 3/27/80</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
R 733	All occupied rooms constructed of standard ½-inch drywall or equivalent	<input type="checkbox"/>
R 735	Paper, cardboard, asphalt paper, or other highly flammable material cannot be used for interior finish	<input type="checkbox"/>
R 737(1)	Egress in unobstructed travel condition	<input type="checkbox"/>
R 737(2)	If applicable, two acceptable means of egress (1 leading directly to the outside) in the basement if regularly used for resident activities	<input type="checkbox"/>
R 737(3)	Doors that form egress equipped with positive-latching, non-locking-against-egress hardware and width to allow wheelchairs or other devices to easily navigate	<input type="checkbox"/>
R 737(4)	First floor have at least 2 separate means of egress	<input type="checkbox"/>
R 737(5)	If remodeled or addition added, corridors must lead to outside or stairways having egress outside or grade level	<input type="checkbox"/>
R 737(6)	Residents with wheelchairs- home must have 2 ramps at primary and secondary means of egress. Ramps constructed prior to these rules not to exceed 1 foot for every 12 feet of run. Ramps constructed on or after effective date of rules must comply with R400.647(1)	<input type="checkbox"/>
R 739(1)	Heating- must have approved heating plant. If in the basement standard building material for floor separation with at least 1-3/4-inch solid wood core door (or equivalent) floor separation. If on same level as residents, furnace room must be separate with materials that give minimum 1 hour protected enclosure. Permanent outside vent included.	<input type="checkbox"/>
R 739(2)	Portable heating units- allowed if UL listed and have tip over sensor and overheat sensor. Not plugged into power striped or extension cord. Must keep documentation showing compliance on file.	<input type="checkbox"/>
R 739(4)	Flame-producing water heaters or incinerators installed with same protection as heating plant	<input type="checkbox"/>
R 739(5)	No combustible materials in rooms with heating plant, water heater, or incinerator	<input type="checkbox"/>
R 741	Fire Extinguisher- one, 5-pound on each occupied floor and basement	<input type="checkbox"/>
R 745(1)	Smoke Detectors-at least 1 battery-operated smoke alarm must be installed: between sleeping areas and rest of facility (if more than 1 sleeping area smoke alarm must be installed to protect each sleeping area), on each occupied floor, basement, and areas the contain flame or heat-producing equipment	<input type="checkbox"/>
R 745(3)	Smoke Detectors- If batteries are used as source of energy, must be replaced according to alarm manufacturer	<input type="checkbox"/>
R 745(4)	Smoke Detectors- must be checked and examined according to manufacturer	<input type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

FIRE SAFETY LICENSED AFTER 3/27/80		
RULE #	DESCRIPTION	CHECK IF ASSESSED
R 717	All Occupied Rooms Constructed of Standard ½-inch Drywall or Equivalent	<input checked="" type="checkbox"/>
R 719(1)	Interior Finish - At Least Class C Materials Throughout	<input checked="" type="checkbox"/>
R 719(2)	Interior Finish- securely attached to, or furred out not more than 1 inch from walls or ceilings that are drywall, plaster, masonry, or natural solid wood not less than ¾ inch thick	<input checked="" type="checkbox"/>
R 719(3)	Interior Finish Materials (other than drywall, plaster or natural solid wood not less than ¾ inch thick)- not attached directly to wall studs or floor or ceiling joists.	<input checked="" type="checkbox"/>
R 721	Interior Finish Prohibited Materials- Asphalt, cork, cardboard, carpeting, foam plastics, plastic materials, and other finish materials that contribute to rapid spread of fire not used as interior finish unless class C rated	<input checked="" type="checkbox"/>
R 723	Fire Extinguishers- at least one 5-pound per occupied floor and in basement	<input checked="" type="checkbox"/>
R 725(2)	Basement Egress- if used regularly for resident activities, must be 2 means of egress (1 leading directly outside)	<input checked="" type="checkbox"/>
R 725(3)	Door Hardware - Positive Latching-Nonlocking Against Egress	<input checked="" type="checkbox"/>
R 725(4)	First Floor Egress- not less than 2 separate means of egress to the outside	<input checked="" type="checkbox"/>
R 725(5)	Two Wheelchair Ramps (if facilitating residents who regularly require wheelchairs)	<input checked="" type="checkbox"/>
R 727(1-2)	Smoke Detectors- at least 1 battery operated smoke alarm must be installed: between sleeping areas and rest of the facility (if more than 1 sleeping area, a smoke alarm to protect each sleeping area), on each occupied floor, in the basement, and areas that contain flame or heat-producing equipment (heat detectors can be installed in kitchen and other areas with heat or flame producing equipment in lieu of smoke alarms)	<input checked="" type="checkbox"/>
R 727(3-5)	Smoke Detectors- batteries replaced as directed by manufacturer, tested and examined as recommended by manufacturer, mounted 6 inches or more away from walls if on the ceiling, if mounted on walls must be between 6 and 12 inches from the ceiling	<input checked="" type="checkbox"/>
R 715(1) R 727(7)	Smoke Detectors- if 4-6 residents, must have an interconnected multi-station smoke detection system powered by facility's electrical service or a wireless system in compliance with NFPA 72	<input checked="" type="checkbox"/>
R 729 (2)	Heating Equipment- Installed in a fixed or permanent manner. Clothes dryer vented to outside using permanent metal duct work.	<input checked="" type="checkbox"/>
R 729(3)	Heating Equipment-when needed, inspected by qualified technician, and copy of the approval kept on file	<input checked="" type="checkbox"/>
R 729(4)	Portable Heaters- must be Underwriters Laboratories listed, equipped with tip-over sensor, and overheat sensor, not plugged into power strip or extension cord	<input checked="" type="checkbox"/>
R 731(1)	Floor Separation- if heating plant is in basement floor separation must include 1-3/4-inch solid core wood door (or equivalent) with automatic self-closing device to create floor separation. Standard building material may be used for floor separation	<input checked="" type="checkbox"/>
R 731(2)	Heating plants/flame producing equipment on the same level as residents, must be enclosed in a room constructed of material with 1-hour-fire resistance rating and door made of 1-3/4 inch solid core wood. Must be in	<input type="checkbox"/>

	fully stopped wood or steel frame with automatic self-closing device and positive latching hardware	
R 731(3)	Permanent outside vent that cannot be closed must be incorporated in the design of heating plant rooms	<input checked="" type="checkbox"/>
R 731(4)	No combustible materials in rooms with heating equipment, water heater, incinerator, or other flame-producing equipment	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>

<b>SPECIAL CERTIFICATION</b>		
<b>RULE #</b>	<b>DESCRIPTION</b>	<b>CHECK IF ASSESSED</b>
<b>STAFFING &amp; TRAINING</b>		
R 707(1)(a)	Intro to community residential services and role of direct care staff	<input checked="" type="checkbox"/>
R 707(1)(b)	Understanding and carrying out individual plans of service for residents	<input checked="" type="checkbox"/>
R707(1)(c)	Intro to special needs of residents with developmental disabilities or mental illnesses	<input checked="" type="checkbox"/>
R707(1)(d)	Protecting and respecting the rights of residents according to chapter 7 of the mental health code	<input checked="" type="checkbox"/>
R707(1)e)	Non-aversive techniques for prevention and treatment of challenging behaviors	<input checked="" type="checkbox"/>
R707(2)	Training documentation kept in staff records	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input checked="" type="checkbox"/>
<b>SPECIAL CERTIFICATION FIRE SAFETY EQUIPMENT 4-6 CAPACITY</b>		
R715(1)	Interconnected Smoke Detection System (4-6 capacity) powered by facility's electrical service. Audible in all areas of the home	<input checked="" type="checkbox"/>
R 715 (1)	Installed on all levels including basement.	<input checked="" type="checkbox"/>
R 715 (1)	Shall have battery back-up –	<input checked="" type="checkbox"/>
R 715 (1)	Accommodate sensory impairments	<input type="checkbox"/>
R 715 (1)	Installed by licensed electrical contractor	<input checked="" type="checkbox"/>
R 715 (1)	Recorded annual inspections and record kept at facility for 2 years	<input type="checkbox"/>
R 715(2)	If applicable, a wireless smoke detection system in compliance with NFPA 72	<input type="checkbox"/>
R715(3)	Capability of residents to evacuate residents in a fire assessed using methods in chapter 7 of 2022 edition of NFPA 101A.	<input checked="" type="checkbox"/>
R 715(4)	Evacuation assessments completed 30 days after admission of each new residents, and at least annually after admission of the last new resident	<input checked="" type="checkbox"/>
	Comments Click or tap here to enter text.	<input type="checkbox"/>