



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

October 9, 2006

Roseline Rowan  
Medhealth Suppliers & Providers, Inc.  
513 E Grand River Ave  
Lansing, MI 48906

RE: License #: AS330267543  
Evergreen Place  
706 Britten Street  
Lansing, MI 48910

Dear Mrs. Rowan:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-6124.

Sincerely,

Barbara k. Williams, Licensing Consultant  
Office of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-0978

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330267543
<b>Licensee Name:</b>	Medhealth Suppliers & Providers, Inc.
<b>Licensee Address:</b>	513 E Grand River Ave Lansing, MI 48906
<b>Licensee Telephone #:</b>	(517) 585-6685
<b>Administrator/Licensee Designee:</b>	Roseline Rowan, Designee
<b>Name of Facility:</b>	Evergreen Place
<b>Facility Address:</b>	706 Britten Street Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 482-4045
<b>Capacity:</b>	6
<b>Program Type:</b>	Aged Alzheimer's Disease Developmentally Disabled Mentally Ill

## **II. Purpose of Addendum**

Roseline Rowan, licensee designee, submitted a written request asking to additionally provide care for people with Alzheimer's disease, developmental disabilities, mental illness, and physical handicaps. The facility is currently licensed to provide care for people who are aged.

## **III. Methodology**

10/03/2006	Modification Request Received
10/03/2006	Revised Program Statement Received
10/03/2006	Personal Work Experience Documentation Received

## **IV. Description of Findings and Conclusions**

This consultant reviewed the revised Program Statement and Roseline Rowan's documentation describing her work experience with people who had conditions of Alzheimer's disease, developmental disabilities, mental illness and physical handicaps. The information provided was acceptable.

## **V. Recommendation**

Based on the information provided it is recommended that the facility program type be modified to include care to people with Alzheimer's disease, developmental disabilities, mental illness and physical handicaps.

*Barbara K. Williams*

10/9/06

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Barbara K. Williams  
Licensing Consultant

Date