



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

June 13, 2012

Roseline Rowan
Medhealth Suppliers & Providers, Inc.
706 Britten Ave
Lansing, MI 48910

RE: Application #: AS330309216
Bedford House
2227 Bedford Ave.
Lansing, MI 48910

Dear Mrs. Rowan:

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 6 is issued.

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) 241-2585.

Sincerely,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5637

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS330309216

Applicant Name: Medhealth Suppliers & Providers, Inc.

Applicant Address: 706 Britten Ave
Lansing, MI 48910

Applicant Telephone #: (517) 585-6685

Administrator/Licensee Designee: Roseline Rowan

Name of Facility: Bedford House

Facility Address: 2227 Bedford Ave.
Lansing, MI 48910

Facility Telephone #: (517) 712-8585
06/29/2010

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

06/29/2010	Enrollment
07/07/2010	Application Incomplete Letter Sent
12/07/2010	Application Incomplete Letter Sent
07/20/2011	Application Incomplete Letter Sent
12/02/2011	Contact - Telephone call made Phone call to Roseline Rowan.
03/02/2012	Application Complete/On-site Needed
05/10/2012	Inspection Completed On-site
05/10/2012	Inspection Completed-BCAL Full Compliance
06/07/2012	Contact - Document received from Ms. Rowan

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large bi-level home with a walk-out lower level. The facility is located in a residential neighborhood in Lansing, Michigan, in Ingham County. The facility has a paved driveway with a two car attached garage. The facility has two living room areas, a dining room, kitchen, four resident bedrooms, two live in staff bedrooms, and two bathrooms.

There is a furnace in the lower level of the home. The furnace is enclosed in a room that is constructed of material which has a one hour fire resistance and fire-rated door that is equipped with an automatic, self-closing and positive latching hardware. The door is hung in a fully stopped wooden frame. The water heater and the laundry area are also located in this room. The facility has interconnected smoke detectors located in all sleeping areas, dining room/kitchen, and living areas. The facility is equipped with fire extinguishers which are located on the main level and the lower level.

The facility has public water and sewer.

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

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	13'2" x 9'1"	120.12	1 Resident
Bedroom # 2	11'11" x 9'9"	109.98	1 Resident
Bedroom # 3	15'3" x 10'8"	165.24	2 Residents
Bedroom # 4	15'4" x 15'2"	234.08	2 Residents
Living Area	21'0" x 18'0"	378.00	

The living area measures a total of 378.00 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults; non-violent, non-aggressive and medically manageable mentally ill adults; aged adults; and adults who have been diagnosed with Alzheimer's disease and other forms of dementia who have no wandering, aggressiveness or combative issues. The facility will provide residents with the opportunity to participate in light exercise programs, birthday celebrations, table/card games and trips in the community which could include parks and festivals as well as other social activities. The facility plans to ensure that only residents who are behaviorally stable and compatible and are able to communicate their needs are housed together. In regards to the Alzheimer's residents, the program description stated that they will provide programs and activities that minimize and manage disorientation, restlessness, agitation and stimulate mental and physical health. The facility will provide additional safety nets by alarming windows and doors, providing ongoing training for staff on working with Alzheimer's residents and accommodating the residents' individual routines and preferences.

The applicant is Medhealth Suppliers & Providers, Inc. which is a domestic profit corporation that was established 11/15/2002. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Roseline Rowan is the licensee designee and administrator for the facility. A criminal history clearance was completed on 3/2/2011 for Ms. Rowan and no criminal convictions were found. Roseline Rowan submitted a medical clearance dated 9/15/2011 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was

also obtained for Ms. Rowan. Ms. Rowan provided documentation that she has eight years of experience working with developmentally disabled, mentally ill and aged adults. Ms. Rowan has completed training through CEI Community Mental Health program and MSU's school of social work. Ms. Rowan completed CPR and First Aid training through the American Red Cross.

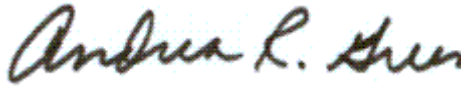
I reviewed the personnel policies, job descriptions, admission/discharge policies, program statement, refund policy, financial projections, required employee documents, and required paperwork for the resident files with Roseline Rowan. Ms. Rowan indicated an understanding that resident records and employee records are to be retained at the facility. Emergency plans for medical emergencies, fire, and severe weather have been reviewed and found to be acceptable.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of six (6) residents.



06/13/2012

Andrea Green
Licensing Consultant

Date

Approved By:



6/13/2010

Betsy Montgomery
Area Manager

Date