



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 3, 2017

Michelle Rostoni  
Tomlinson Assisted Living LLC  
7884 North Road  
Burtchville, MI 48059

RE: Application #: AM740381292  
**Tomlinson Assisted Living**  
**6223 Wildcat Road**  
**Grant, MI 48032**

Dear Mrs. Rostoni:

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 11 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 835-6827

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM740381292
<b>Applicant Name:</b>	Tomlinson Assisted Living LLC
<b>Applicant Address:</b>	7884 North Road Burtchville, MI 48059
<b>Applicant Telephone #:</b>	(810) 327-2025
<b>Administrator/Licensee Designee:</b>	Michelle and Craig Rostoni
<b>Name of Facility:</b>	Tomlinson Assisted Living
<b>Facility Address:</b>	6223 Wildcat Road Grant, MI 48032
<b>Facility Telephone #:</b>	(810) 327-2025
<b>Application Date:</b>	02/01/2016
<b>Capacity:</b>	11
<b>Program Type:</b>	AGED

## II. METHODOLOGY

10/26/2015	Inspection Completed-Env. Health : A
11/02/2015	Inspection Completed-Fire Safety : A
02/01/2016	Enrollment
02/03/2016	Comment Environmental & fire inspections ok per consultant.
02/03/2016	Contact - Document Sent Rules & Act booklets
02/03/2016	Application Incomplete Letter Sent FP's, rec cl & Livescan ck request for Craig; rec cl & Livescan ck request for Michelle.
02/23/2016	Comment FP's for Craig
04/01/2016	Contact - Document Received Rec cl's & Livescan requests for Craig & Michelle
04/04/2016	Contact - Document Received Licensing file received from Central office 4/4/16
08/18/2016	Contact - Telephone call made Phone call to licensee, Craig Rostoni.
08/18/2016	Application Incomplete Letter Sent
08/21/2016	Contact - Document Received Received documentation from licensee Mr. Rostoni regarding AFC licensing requirements.
11/22/2016	Inspection Completed-BCAL Sub. Compliance
11/22/2016	Application Incomplete Letter Sent
01/05/2017	Inspection Completed-Fire Safety : A
01/16/2017	Contact - Document Received Documentation of the corrections received from onsite inspection.
09/11/2017	Contact - Document Received E-mailed received from administrator, Ms. Rostoni.

09/12/2017 Contact - Telephone call made  
Phone call to administrator, Ms. Rostoni requesting training documents.

09/12/b2017 Contact - Document Received  
Training documents received for Mr. & Mrs. Rostoni.

09/12/2017 Application Complete/On-site Needed

09/12/2017 Inspection Completed-BCAL Full Compliance

09/20/2017 Inspection Completed-Env. Health : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Tomlinson Assisted Living is located in a residential area in Grant, MI. The home is a single story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, kitchen, sitting/activity room, 2 full bathrooms, 1 half bathroom, and six bedrooms. The home is wheelchair accessible. The home has a fenced in yard overlooking 10 acres of land.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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 home also has a backup generator in case of an emergency and fire extinguishers placed throughout the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	12'9" x 12'	153 sq. ft.	2
Bedroom #2	12'10" x 12'7"	161 sq. ft.	2
Bedroom #3	12'5" x 11'6"	143 sq. ft.	2
Bedroom #4	12'8" x 9'2"	116 sq. ft.	1
Bedroom #5	13'2" x 10'10"	143 sq. ft.	2
Bedroom #6	9'5" x 13'4" plus 8'3" x 3'10"	158 sq. ft.	2

Total capacity: 11

Based on the above information, it is concluded that this facility can accommodate up to eleven (11) residents and each bedroom meets the rule requirement R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

The living, dining, and sitting room areas measure a total of **1,079** square feet of living space. This exceeds the minimum of 35 square feet per resident requirement according to the rule requirement R400.14405 (1).

## **B. Program Description**

Tomlinson Assisted Living, LLC submitted an original application for licensure on 2/1/16. The intended population is male and female adults between 55 to 99 years of age who will require 24-hour supervision, protection and personal care foster care due to being aged and/or physically handicapped in the least restrictive environment possible. The facility is able to accommodate any individual that may use a wheelchair. Tomlinson Assisted Living can accept up to eleven (11) adults both male and female who are elderly.

The program will include social interaction skills, physical exercise, and personal adjustment skills. Activities in the home include arts, crafts, board games, puzzles, gardening, and sing-a-longs. At least once a month the program will have musicians come in and play music and sing songs with the residents. Regarding physical exercise, the program will offer games on the Wii fitness machine connected to the television, as well as group exercises. The licensee will provide 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 also utilize local community resources including shopping centers, libraries, museums, and sightseeing in the Port Huron area.

A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. 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.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

### **C. Applicant and Administrator Qualifications**

The applicant is Tomlinson Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 6/1/2011. 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 Tomlinson Assisted Living, L.L.C. has submitted documentation appointing Craig Rostoni as Licensee Designee for this facility and Michelle Rostoni as the Administrator of the facility. Mr. and Mrs. Rostoni have extensive experience as caregivers and administrators in AFC settings. Mrs. Rostoni worked alongside her mother, Karen Tomlinson, who owned and operated AFC homes for more than 20 years.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. and Mrs. Rostoni. Mr. and Mrs. Rostoni submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. and Mrs. Rostoni have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 11-bed facility is adequate and includes a minimum of 2 staff –to–11 residents per shift. All staff shall be awake during sleeping hours.

Mr. and Mrs. Rostoni 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 as required with Rules 400.14204 and 400.14208.

Mr. and Mrs. Rostoni 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. and Mrs. Rostoni 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, Mr. and Mrs. Rostoni 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 per Rules 400.14208.

Mr. and Mrs. Rostoni 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 applicant 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 as required with Rules 400.14312.

Mr. and Mrs. Rostoni 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 applicant indicated that it is their intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Mr. and Mrs. Rostoni 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. Mr. and Mrs. Rostoni have 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 per Rules 400.14311.

Mr. and Mrs. Rostoni acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Mr. and Mrs. Rostoni 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 applicant 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 consistent with Rule 400.14316(1)(a) through (2).

Mr. and Mrs. Rostoni 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 per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

**D. Rule/Statutory Violations**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a medium group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



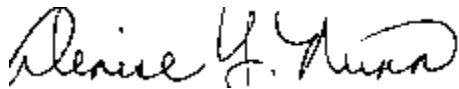
9/26/2017

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Linda Pavlovski  
Licensing Consultant

Date

Approved By:



10/03/2017

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Denise Y. Nunn  
Area Manager

Date