



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 21, 2019

Tracy Davis
The Roosevelt House of Michigan LLC
1720 S. Fordney Road
Hemlock, MI 48626

RE: Application #: AL730378718
The Roosevelt House
17935 Roosevelt Road
Hemlock, MI 48626

Dear Ms. Davis:

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 20 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL730378718

Applicant Name: The Roosevelt House of Michigan LLC

Applicant Address: 1720 S. Fordney Road
Hemlock, MI 48626

Applicant Telephone #: (989) 642-3945

Administrator/Licensee Designee: Tracy Davis

Name of Facility: The Roosevelt House

Facility Address: 17935 Roosevelt Road
Hemlock, MI 48626

Facility Telephone #: (989) 798-3492

Application Date: 07/21/2015

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODOLOGY

07/21/2015	Enrollment
07/29/2015	Inspection Report Requested - Health 1024569.
07/30/2015	Application Incomplete Letter Sent FP/Julie.
07/30/2015	Contact - Document Sent Act & Rules.
08/19/2015	Inspection Report Requested - Fire
08/19/2015	Contact - Document Sent Fire Safety String.
08/19/2015	File Transferred to Field Office Saginaw.
08/28/2015	Application Incomplete Letter Sent
12/19/2018	Inspection Completed-Env. Health: A
07/01/2019	Application Complete/On-site Needed
07/15/2019	Contact - Face to Face
07/25/2019	Inspection Completed On-site
08/05/2019	Inspection Completed-Fire Safety: A
08/16/2019	Inspection Completed-BCAL Full Compliance
08/21/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Roosevelt House is located at 17935 Roosevelt Road, Hemlock in Saginaw County. The physical plant is a one-level vinyl and brick-sided structure with no basement. It consists of a small sitting room, living room, dining room, kitchen, staff office, laundry room, library, chapel, beauty parlor, 2 maintenance rooms, attached double garage, and 20 single-occupancy resident bedrooms. There is one separate visitor restroom and two full bathrooms for residents. 15 resident bedrooms have a

private full bathroom and the remaining 5 resident bathrooms have a half bathroom. The driveway has adequate parking for staff and visitors. The facility is wheelchair accessible.

The furnace and hot water heaters are located in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device on the main floor. The laundry room is located in the back of the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The sprinkler tanks are located underground in a separate detached building west of the main facility.

The facility has a private sewer and well system. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Total Square Footage	Total Resident Beds
Bedroom 1	156 ft.	1
Bedroom 2	145 ft.	1
Bedroom 3	203 ft.	1
Bedroom 4	171 ft.	1
Bedroom 5	128 ft.	1
Bedroom 6	129 ft.	1
Bedroom 7	136 ft.	1
Bedroom 8	129 ft.	1
Bedroom 9	130 ft.	1
Bedroom 10	142 ft.	1
Bedroom 11	141 ft.	1
Bedroom 12	145 ft.	1
Bedroom 13	145 ft.	1
Bedroom 14	152 ft.	1
Bedroom 15	145 ft.	1
Bedroom 16	125 ft.	1
Bedroom 17	126 ft.	1
Bedroom 18	124 ft.	1
Bedroom 19	137 ft.	1
Bedroom 20	132 ft.	1

The living, dining, and sitting room areas measure a total of 1,365 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has six separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, The Roosevelt House of Michigan LLC, submitted a copy of the required documentation. 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 and personal care to twenty (20) male or female ambulatory adults, 60 years of age and older, whose diagnosis is aged, Alzheimer's, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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.

The Roosevelt House of Michigan LLC will ensure that the resident's transportation and medical needs are met. The Roosevelt House of Michigan LLC has transportation available for residents to access community-based resources and services. 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

On July 21, 2015, The Roosevelt House of Michigan LLC. submitted an application to provide foster care services to twenty adults at 17935 Roosevelt Road, Hemlock, Michigan.

The applicant, The Roosevelt House of Michigan LLC, which is a “Michigan Domestic Limited Liability Company”, was established in Michigan, on 02/03/2014. 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 applicant has a board of directors that oversee the company.

The Roosevelt House of Michigan LLC. submitted a written statement naming Tracy Davis as the licensee designee and facility administrator. Tracy Davis submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Tracy Davis also submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. Tracy Davis provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 1 to 15 resident ratios.

The applicant 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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.

The applicant 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 applicant 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 applicant 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.

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

The applicant 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.

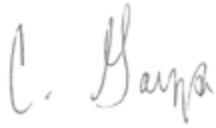
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 large group home (capacity 13-20).

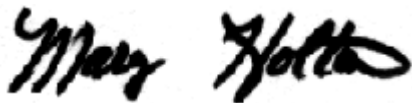


8/21/19

Christina Garza
Licensing Consultant

Date

Approved By:



8/21/19

Mary E Holton
Area Manager

Date