

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 15, 2022

Tracy Davis
The Roosevelt House of Michigan LLC
17935 Roosevelt Road
Hemlock, MI 48626

RE: License #: AL730378718

The Roosevelt House 17935 Roosevelt Road Hemlock, MI 48626

Dear Ms. Davis:

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 and approval from Bureau of Fire Services (BFS), a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

Christina Garza, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 240-2478

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

#### I. IDENTIFYING INFORMATION

**License #:** AL730378718

**Licensee Name:** The Roosevelt House of Michigan LLC

**Licensee Address:** 17935 Roosevelt Road

Hemlock, MI 48626

**Licensee Telephone #:** (989) 642-4663

Licensee Designee: Tracy Davis

Administrator: Tracy Davis

Name of Facility: The Roosevelt House

Facility Address: 17935 Roosevelt Road

Hemlock, MI 48626

**Facility Telephone #:** (989) 642-4663

Original Issuance Date: 08/21/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

**ALZHEIMERS** 

# II. METHODS OF INSPECTION02/11

Date	e of On-site Inspection(	02/11/2022		
Date of Bureau of Fire Services Inspection if applicable: 02/12/2021				
Date of Health Authority Inspection if applicable:			11/15/2021	
Insp	ection Type:	☐ Interview and Observation☐ Combination		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  0 Role: N/A			1 10	
•	Medication pass / simu	ılated pass observed? Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ 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.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \) Virtual Inspection completed due to Covid-19 Incident report follow-up? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Corrective action plan N/A ⊠	compliance verified? Yes 🗌 (	CAP date/s and rule/s:	
•		mployees followed-up?	N/A 🖂	
•	Variances? Yes ☐ (p	lease explain) No □ N/A ⊠		

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At time of inspection, the licensee did not have a signed physician statement attesting to the physical health for one staff person within 30 days of employment.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At time of inspection, the licensee did not have verification of annual health reviews for direct care staff or administrator.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approval rating from Bureau of Fire Services (BFS), renewal of the license is recommended.

1. Barpa	2/15/2022
Christina Garza Licensing Consultant	Date