

Facility Name: Both Group Home  
License Number: AS410094885  
Current License Status: Reg.

RENEWAL (Effective Date: 12-17-19)

(Renewal documents are kept on file for two renewal periods.)

(Includes documents/material gathered/received since previous license issuance)

- BRS-569 Application (If received in hard copy form)
- LSR Transmittal Letter
- Licensing Study Report (LSR)
- Onsite Inspection Record
- Fire Safety Inspection Reports (7+ since last license issuance)
- Environmental Health Inspection Reports (private water and sewer)
- Water-Bacteriological Report (Group)
- Statement of Corrective Action(s) (if applicable)
- Corrective Action Plan(s) (if applicable)
- Corrective Action Plan Approval/Disapproval Letter(s) (if applicable)
- Verification of CAP compliance documentation
- Special Program Certification Letter (DD or MI) (if applicable)
- Office of Recipient Rights Request or Approval (if special certification)
- Other Correspondence and Documentation
- Code Sheet (If applicable - see Manual Item 230)

INTERIMS/FOLLOW-UP INSPECTIONS (if applicable) Completed on \_\_\_\_\_

(Interim documents are kept for two regular license renewal periods)

- Onsite Inspection Record
- Confirming Letter
- Corrective Action Plan (s) (if applicable)
- Statement of Corrections (if applicable)
- Corrective Action Plan Approval/Disapproval (if applicable)
- Verification of CAP compliance documentation
- Supporting Documents (if any)

PROVISIONAL Resulting from Renewal \_\_\_\_ OR Special Investigation \_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ (provisional documents to be kept for two subsequent regular license renewal periods)

- Provisional Issuance Letter
- LSR Transmittal Letter (LSR/SIR)
- Onsite Inspection Record (if applicable)
- Corrective Action Plan (s)
- Notice of Intent
- Proposed Final Decision (If involuntary)
- Director's Final Order (if involuntary)
- Other Supporting Documents

**INSPECTION RECORD**  
Michigan Department of Human Services  
Bureau of Children and Adult Licensing

Date 12/12/2019	Facility Roth Group Home	License # AS410094885	Regulatory Staff Name Zylstra
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**Inspection Process:**

- Interview and Observation (Key Indicator)
- Worksheet Inspection
- Combination

Attach this cover sheet and *Key Indicator Inspection Record* and/or *Worksheet Inspection Record(s)* to the *Licensing Study Report* to document each area of compliance specifically assessed during the original, renewal or annual licensing study.

This *Inspection Record* is not sent to the licensee.

Do not include notes or comments.

**AFC GROUP HOME KEY INDICATOR INSPECTION RECORD**  
 Michigan Department of Human Services  
 Bureau of Children and Adult Licensing

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>PROGRAM REQUIREMENTS</b>		
204(2) / SC 1806(3)	Direct care staff qualifications	<input checked="" type="checkbox"/>
204(3)	Staff competence	<input checked="" type="checkbox"/>
206(2) / SC 1806(1)	Sufficient staff on duty	<input checked="" type="checkbox"/>
734b(2)	Criminal history background check process followed	<input checked="" type="checkbox"/>
<b>RESIDENT CARE, SERVICES &amp; RECORDS</b>		
301(2)	Written assessment prior to admission	<input checked="" type="checkbox"/>
303(2)	Supervision, protection & personal care per resident's assessment plan	<input checked="" type="checkbox"/>
304(2)	Respect & safeguard resident's rights	<input checked="" type="checkbox"/>
305(3)	Dignity, protection & safety	<input checked="" type="checkbox"/>
306(1)	Assistive device only to enhance mobility, physical comfort & well-being	<input checked="" type="checkbox"/>
309(5)	Crisis intervention shall not be used as a routine intervention	<input checked="" type="checkbox"/>
310(1)	Follow physician's instructions	<input checked="" type="checkbox"/>
312(1)	Medication only given as prescribed	<input checked="" type="checkbox"/>
312(4)	Comply with medication provisions	<input checked="" type="checkbox"/>
313(1)	3 regular nutritious meals daily	<input checked="" type="checkbox"/>
315(2)	Safe keeping of resident funds & valuables	<input checked="" type="checkbox"/>
315(3)	Funds & valuables transaction form	<input checked="" type="checkbox"/>
318(4) / SC 1803(5)(6)	Everyone is familiar with emergency/ evac plan	<input checked="" type="checkbox"/>
318(5) / SC 1803(3)(4)	Review – practice emergency/evac plan	<input checked="" type="checkbox"/>
<b>ENVIRONMENTAL CONDITIONS</b>		
401(2)	Provide hot/cold water under pressure 105-120 °F for AS	<input checked="" type="checkbox"/>
401(6)	Poisons & other dangerous material stored in non-resident & non-food preparation	<input checked="" type="checkbox"/>
402 (1)	All food from approved food sources and free from spoilage	<input checked="" type="checkbox"/>
402(2)	Food protected from contamination	<input checked="" type="checkbox"/>
402(3)	Appropriate food storage temperatures	<input checked="" type="checkbox"/>
402(4)	Food service equipment material is clean and in good repair	<input checked="" type="checkbox"/>
402(5)	Home equipped to prepare/serve adequate meals	<input checked="" type="checkbox"/>
402(6)	Appliances shall be clean and in good repair	<input checked="" type="checkbox"/>
403(1)	Home maintenance & safety	<input checked="" type="checkbox"/>
403(2)	Furnishing & housekeeping	<input checked="" type="checkbox"/>
403(12)	Sidewalks, fire escapes & entrances free of hazards	<input checked="" type="checkbox"/>
403(13)	Hazard-free yard	<input checked="" type="checkbox"/>
407(3)	Bathrooms doors, non-locking against egress	<input checked="" type="checkbox"/>
408(7)	One easily opened bedroom window	<input checked="" type="checkbox"/>
408(9)	Resident w/impaired mobility/street floor bedroom	<input checked="" type="checkbox"/>

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>FIRE SAFETY AFTER 1980</b>		
505(1) / SC 1803(1)(2)	Smoke detector locations	<input checked="" type="checkbox"/>
505(3)	Smoke detector battery replacement	<input checked="" type="checkbox"/>
505(4) / SC 1803(1)	Smoke detectors tested, examined	<input checked="" type="checkbox"/>
506	1 approved and maintained 2A 10BC extinguisher or equivalent per occupied floor &	<input checked="" type="checkbox"/>
507(6)	Occupied room door, non-locking against egress	<input checked="" type="checkbox"/>
509(1)	Ramps for wheelchairs	<input checked="" type="checkbox"/>
10(5)	No portable heaters	<input checked="" type="checkbox"/>
511(2)	Heating plants-flame producing equipment properly enclosed	<input checked="" type="checkbox"/>
511(4)	Combustibles not w/ heat or flame producing equipment	<input checked="" type="checkbox"/>
2243(1)	Safe means of egress	<input checked="" type="checkbox"/>
2243(4)	Occupied room & exterior door, non-locking against egress	<input checked="" type="checkbox"/>
2244(1)	Refer to rule - Heating	<input checked="" type="checkbox"/>
2244(4)	Combustibles not w/heat or flame producing equipment	<input checked="" type="checkbox"/>
2245	One 5 pound multi-purpose extinguisher per occupied floor	<input checked="" type="checkbox"/>

**AFC GROUP HOME RENEWAL WORKSHEET INSPECTION RECORD**  
 Michigan Department of Human Services  
 Bureau of Children and Adult Licensing

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Rule #	Description	Check If Assessed
<b>FACILITY RECORDS</b>		
	Permission to inspect if applicant doesn't have legal access to property	<input checked="" type="checkbox"/>
R 103 (5)	Were changes in previously submitted info reported	<input checked="" type="checkbox"/>
R 103(1 a ) 209 (1) ( a )	Admission Policy- meets definition (102 (1)(c)/ copy provided	<input checked="" type="checkbox"/>
R 302 (1) & 209 (1)(c)	Discharge Policy meets definition 102 (1)(i) & requirements /copy provided to resident or designated representative	<input checked="" type="checkbox"/>
R 103(1a),209 (1)(b) SC	Program Statement- meets definition 102 (1)(r)/copy provided	<input checked="" type="checkbox"/>
Act 276 (26b)	Alzheimer/ dementia program description	<input type="checkbox"/>
R 103(1b) & 209 (1)(i)	Personnel Policy-available & has required content 207 (1)(a-f)	<input checked="" type="checkbox"/>
R 103(1)(ii) ,	Job descriptions available and provided to staff	<input checked="" type="checkbox"/>
R 103(1b)(iv)	Staffing Pattern available & reviewed	<input checked="" type="checkbox"/>
R 103 (1b)(iii)	Standard or Routine Procedures- available	<input checked="" type="checkbox"/>
R103 (1b)( v )	Organizational Chart	<input checked="" type="checkbox"/>
R103(1c) 209	Copies of Contracts for funding, care, treatment or supplemental services.	<input checked="" type="checkbox"/>
R103 (1d)	Current Floor plan copy provided	<input checked="" type="checkbox"/>
R103 (1e)	Current Financial Statement provided	<input checked="" type="checkbox"/>
R 103 (1e)	Proposed Budget	<input checked="" type="checkbox"/>
R 103 (1f)	Verification of lease, ownership, or right to occupy copy provide	<input checked="" type="checkbox"/>
R103 (1g)	Current corporate or LCC documents copy provided	<input checked="" type="checkbox"/>
R 103 (1g)	Written identification of corporate licensee's designee provided	<input checked="" type="checkbox"/>
R 103 (1h)	Current credit history for individual licensees copy provided	<input checked="" type="checkbox"/>
R 103 (4)	License Posted	<input checked="" type="checkbox"/>
R 210	Resident Register	<input checked="" type="checkbox"/>
R 209(1)(j)	Program Certifications if applicable	<input checked="" type="checkbox"/>
R 318 (5)	Fire Drill Records	<input checked="" type="checkbox"/>
R 318 (1) (2)	Emergency Procedure & Evacuation Plans	<input checked="" type="checkbox"/>
R 318(3)	Emergency numbers posted at @ phone	<input checked="" type="checkbox"/>
R209 & 510(1)	Heating equipment inspection & approval records, if applicable	<input checked="" type="checkbox"/>
R505(3)(4) SC	Smoke and heat equipment inspection record, if applicable.	<input checked="" type="checkbox"/>
R 209 (1s)	Environmental Health Inspection Report	<input checked="" type="checkbox"/>
R 313(6)	Menus kept for 1 calendar year	<input checked="" type="checkbox"/>
R 209 (1m) & 403(15)	Reports of severe property damage of more than \$5,000 w/in 48 hours.	<input checked="" type="checkbox"/>
<b>LICENSEE/ LICENSEE DESIGNEE/ ADMINISTRATOR</b>		
201(2)	Administrative & Financially capable	<input checked="" type="checkbox"/>
Sec. 313(3) 201(10)	Licensing Record Clearance, good moral character & suitable	<input checked="" type="checkbox"/>
205 (2)	Physician's Health Statement	<input checked="" type="checkbox"/>
205(4)	TB Test Results	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
<b>COMPETENCY REQUIREMENT</b>		
201(6)	1 year experience with population	<input checked="" type="checkbox"/>
201 3)	Temp. License competency	<input checked="" type="checkbox"/>
(a)	Nutrition	<input checked="" type="checkbox"/>
(b)	First Aid	<input checked="" type="checkbox"/>
(c)	CPR	<input checked="" type="checkbox"/>
(d)	Adult Foster Care	<input checked="" type="checkbox"/>
(e)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
(f)	Financial & Administrative Management.	<input checked="" type="checkbox"/>
(g)	Knowledge of population.	<input checked="" type="checkbox"/>
(h)	Resident Rights	<input checked="" type="checkbox"/>
(i)	Prevention & containment of Communicable Disease	<input checked="" type="checkbox"/>
307(1)	Behavior intervention, if applicable	<input checked="" type="checkbox"/>
201(4)	Deemed competent if one or more of following:	<input checked="" type="checkbox"/>
(a)	Training approved by department	<input checked="" type="checkbox"/>
(b)	Competency Review (not avail.)	<input checked="" type="checkbox"/>
(c)	Program of relevant study -- (college)	<input checked="" type="checkbox"/>
(d)	Experience w/ population	<input checked="" type="checkbox"/>
203(1)	Annual training: 16 hrs. or 6 credit hrs. (RENEWAL ONLY)	<input checked="" type="checkbox"/>
<b>MEMBERS OF HOUSEHOLD</b>		
201 (10)	Licensing Record Clearance done by department (entered on BITS)	<input checked="" type="checkbox"/>
205(1)	Physician's statement on file in home	<input checked="" type="checkbox"/>
205(5)	TB test results on file	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
<b>EMPLOYEE RECORDS WORKSHEET</b>		
R 208 (1) (a)(b)(c)	Address, SS#, License Certification, Driver's License	<input checked="" type="checkbox"/>
R 204 (1), 208 (1)(d)	Verification of Age	<input checked="" type="checkbox"/>
R208 (1)(e)	Verification of experience, education, training	<input checked="" type="checkbox"/>
R208(1)(f)	Verification of reference checks—2	<input checked="" type="checkbox"/>
208(1)(g)	Beginning and ending dates of employment	<input checked="" type="checkbox"/>
R 205(3) & 208(1)(h)	Medical Information- Physicians statement at hire or w/l 30 days	<input checked="" type="checkbox"/>
R 205(6) & 208(1)(h)	Annual health review	<input checked="" type="checkbox"/>
R 205(5) & 208(1)(i)	TB testing results--current at hire & every 3 yrs after	<input checked="" type="checkbox"/>
R 207(2) & (3) & 208(1)(h)	Verification of receipt of personnel polices & job description	<input checked="" type="checkbox"/>
R 201(10) & 204(2)(a)	Suitability determination	<input checked="" type="checkbox"/>
MCL400.713	Verification of GMC determination – hired prior to 8/01/04	<input checked="" type="checkbox"/>
MCL400.734b	Good moral character and convictions if hired 8/1/04 or after	<input checked="" type="checkbox"/>
R 205(7)	Volunteers-Physical/mental health and free from communicable disease.	<input checked="" type="checkbox"/>
R 208(1)(e)	Verification of training & competency	<input checked="" type="checkbox"/>
R 204(3)(a)	Reporting requirements	<input checked="" type="checkbox"/>
R 204(3)(b)	First Aid	<input checked="" type="checkbox"/>
R 204(3)(c)	CPR	<input checked="" type="checkbox"/>
R 204(3)(d)	Personal Care/ Supervision/ Protection needs of residents in home	<input checked="" type="checkbox"/>
R 204 (3)(e)	Resident Rights	<input checked="" type="checkbox"/>
R 204(3)(f)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
R 204(3)(g)	Prevention & Containment of Communicable Diseases	<input checked="" type="checkbox"/>
R 312(4)(a)	Medication Administration	<input checked="" type="checkbox"/>
R 307(3)	Behavior Intervention Techniques	<input checked="" type="checkbox"/>
R 309(8)	Crisis Intervention, if applicable	<input checked="" type="checkbox"/>
R 201(14)	Food Preparation Staff- training or experience (for 7+ homes)	<input checked="" type="checkbox"/>

FACILITY Roth Group Home	LICENS AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>RESIDENT RECORD WORKSHEET</b>		
316 (2)	Kept for 2 years after discharge	<input checked="" type="checkbox"/>
316 (1)(b)	Admission date	<input checked="" type="checkbox"/>
316(1)	Resident ID Info SS#, DOB, case #, marital status, former address, name, address, phone # of next of kin, emergency contact person, responsible agency, and preferred physician, medical insurance, funeral provisions and religious preference.	<input checked="" type="checkbox"/>
301 (5-8) 316 (1) (e)	Resident Care Agree. completed	<input checked="" type="checkbox"/>
301 (10) 316 (1) (d)(i)	Health Care Appraisal completed	<input checked="" type="checkbox"/>
301 (11) 316 (1)(d)(iv)	Physician's instructions & contacts recorded	<input checked="" type="checkbox"/>
316 (1) (d)(v)	Emergency care and advanced medical directives, if applicable.	<input checked="" type="checkbox"/>
301 (2)(4)(5) 316 (1) (f)	Assessment Plan completed	<input checked="" type="checkbox"/>
303 (2)	Care provided per Assessment Plan	<input checked="" type="checkbox"/>
306 (2)	Assistive Device use in Assessment Plan	<input checked="" type="checkbox"/>
306 (3)	Assistive Device authorizations in file	<input checked="" type="checkbox"/>
310 (3), 316 (1)(g)	Resident weight record kept 2 years	<input checked="" type="checkbox"/>
312(2)	Meds administered per label	<input checked="" type="checkbox"/>
312 (4)(b)(c) 316 (1)(d)(ii)	Medication Logs Maintained	<input checked="" type="checkbox"/>
315(3) 316 (1)(i)	Funds & Valuables Part I in file	<input checked="" type="checkbox"/>
315(3)(8)	Funds & Valuable Part II maintained, accurate & w/ applicable signatures	<input checked="" type="checkbox"/>
315(9)	Resident funds separate from licensees	<input checked="" type="checkbox"/>
315 (11)	Prior written approval of charges	<input checked="" type="checkbox"/>
311 (1-6)	Incident/Accident Reports, completed & on department form	<input checked="" type="checkbox"/>
311 (7) 316 (1)(h)	Incident/Accident Reports on file 2 yrs.	<input checked="" type="checkbox"/>
302 (3-8)	Discharge procedures in compliance	<input checked="" type="checkbox"/>
316 (1)(c)	Discharge date and where went	<input checked="" type="checkbox"/>
313 (3)	Special Diets prescribed by physician	<input checked="" type="checkbox"/>
	Special diet provided	<input checked="" type="checkbox"/>
313 (5)	Record of Special Diet served and menus maintained	<input checked="" type="checkbox"/>



FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>PHYSICAL PLANT WORKSHEET</b>		
<b>KITCHEN</b>		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(4)	Trash Containers Leak Proof/Tight Lid	<input checked="" type="checkbox"/>
401(5)	Evidence of Rodents, Pests, Insects	<input checked="" type="checkbox"/>
401(6)	Caustic/Poisons Away from Food	<input checked="" type="checkbox"/>
401(8)	Hand Washing Facilities/Indiv. Towels	<input checked="" type="checkbox"/>
402	Food Service:	<input checked="" type="checkbox"/>
(1)	Food Quality	<input checked="" type="checkbox"/>
(2)	Food Storage - All locations	<input checked="" type="checkbox"/>
(3)	Refrigerators/Freezers / Thermometers / Cold Food Below 40°F/Hot Above 140°F	<input checked="" type="checkbox"/>
(4)(5)	Equip/Utensils: Cleaning/Type/Condition	<input checked="" type="checkbox"/>
(6)	Appliance Installation/Hood or Canopy Filters/Clean Filters	<input checked="" type="checkbox"/>
402(3)	Food Prep Areas Clean/Good Repair	<input checked="" type="checkbox"/>
403(5)(7)	Floors/Walls/Counter Finishes Condition and cleanliness	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
<b>BATHS</b>		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(6)	Caustics – non resident areas	<input checked="" type="checkbox"/>
401(8)	Hand Washing / Indiv. Hand Towels	<input checked="" type="checkbox"/>
403(11)	Handrails in Showers/bath Areas	<input checked="" type="checkbox"/>
403(11)	Tub Non-Skid Surfacing in showers/tub	<input checked="" type="checkbox"/>
403(3)	Lighting adequate	<input checked="" type="checkbox"/>
403(5)	Walls, Floors, Ceilings	<input checked="" type="checkbox"/>
403(6)	Plumbing in Good Working Condition / Properly Installed	<input checked="" type="checkbox"/>
403(7)	Floor Covering Easily Cleanable	<input checked="" type="checkbox"/>
407(1)	Ventilation (Natural or Mechanical) Windows Easily Opened	<input checked="" type="checkbox"/>
407(3)	Doors, Hardware, Latches	<input checked="" type="checkbox"/>
407(4)	One Full Bath per 8 Residents	<input checked="" type="checkbox"/>
407(5)	1 Toilet & Lav. on Flr with Res. Bedrooms	<input checked="" type="checkbox"/>
407(6)	1 Bathing Facility on Each Floor that has Resident Bedrooms (does not apply to	<input checked="" type="checkbox"/>
411(3)	Clean Towels / Washcloths for Each Resident – Laundered 2 Times Weekly	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
<b>LIVING AREAS (Resident Access, Adequacy)</b>		
401(7)	Ventilation, Openable Windows / Screen or Air Conditioning	<input checked="" type="checkbox"/>
403(1)	Maint.: Prov. Health/Safety/Well Being	<input checked="" type="checkbox"/>
(2)	Clean and Orderly	<input checked="" type="checkbox"/>
(3)	Well Lighted and Ventilated	<input checked="" type="checkbox"/>
(5)	All Surfaces and Finishes Easily Cleanable and Good Repair	<input checked="" type="checkbox"/>
403(14) 510(4)	Steam Radiators and Hot Water Pipes Shielded (510 (4) after March 1980)	<input checked="" type="checkbox"/>
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't apply to original owner licensed	<input checked="" type="checkbox"/>
405(3)	Resident with Impaired Mobility Accessibility / Street Level	<input checked="" type="checkbox"/>
405(4)	No Residents Above 2nd Floor (Post 05/24/94 – See 405(5) for Exceptions)	<input checked="" type="checkbox"/>
405(7)	Adequate Multipurpose Space	<input checked="" type="checkbox"/>
405(8)	Dining Space to Accommodate All Res.	<input checked="" type="checkbox"/>
406	Room Temperature and Circulating Air Other (68-72°)	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
<b>MISCELLANEOUS</b>		
312(1)	Locked Storage of Medications	<input checked="" type="checkbox"/>
318(3)	Telephone available and accessible	<input checked="" type="checkbox"/>
318(6)	Emergency transportation available	<input checked="" type="checkbox"/>
319(a)	Car in good operating condition	<input checked="" type="checkbox"/>
319(b)	First Aid Kit in car	<input checked="" type="checkbox"/>
401(1)	Water Test (initially and every 2 years)	<input checked="" type="checkbox"/>
401(1)	Hot and Cold Running Water	<input checked="" type="checkbox"/>
401(3)	Public Sewer or Approved System (initially and every 2 years)	<input checked="" type="checkbox"/>
401(7)	Screens on any opening to outside (April to November)	<input checked="" type="checkbox"/>
403(6)	Plumbing properly installed and maintained. Water Heater Temperature Control and	<input checked="" type="checkbox"/>
403(10)	Throw Rugs (Nonskid Backing)	<input checked="" type="checkbox"/>
404	Adequate Provision for Laundry	<input checked="" type="checkbox"/>
403(1) 510(2)(3)	Dryer Vented with Metal Duct (510(2)(3) after March 1980)	<input checked="" type="checkbox"/>
403(1) 244(4)	Combustible Storage (244(4) on or before March 1980) (511(4) after March 1980)	<input checked="" type="checkbox"/>
403(1) 512(1)(2)	Wiring (512 (1)(2) after March 1980) (400.2246 on or before March 1981)	<input checked="" type="checkbox"/>
403(1)	Other – Home Healthy, Safe and Well- Being of Residents	<input checked="" type="checkbox"/>
<b>BEDROOMS</b>		
401(9)	Cleaned and Sanitized at Discharge	<input checked="" type="checkbox"/>
405(2)	Reasonable Storage Space	<input checked="" type="checkbox"/>
408(1)	Bedrooms 50% or More above Grade – 2 Means of Egress	<input checked="" type="checkbox"/>
408(4) 507(5)	Side Hinged Door, Nonlocking Against Egress – 30-Inch Wide ( 507(5) after March 1980)	<input checked="" type="checkbox"/>
408(7)	One Openable Window	<input checked="" type="checkbox"/>
408(8)	Residents Same Sex or Married	<input checked="" type="checkbox"/>
408(9) 405(3)	Impaired Mobility on Street Floor	<input checked="" type="checkbox"/>
409(1)	Usable Floor Space – Ceiling 6'6" or more & 7 foot horizontal dimension closets and spaces under portable wardrobes not counted in floor space.	<input checked="" type="checkbox"/>
409(2)(3)	65 Square Feet – Multiple Occupancy 80 Square Feet – Single Occupancy	<input checked="" type="checkbox"/>
409(4)	Maximum of two Beds in Room (On or after 05/24/94)	<input checked="" type="checkbox"/>
409(7)	3 Feet of Clearance Between Beds	<input checked="" type="checkbox"/>
410(1)(a)	Closet or Wardrobe	<input checked="" type="checkbox"/>
410(1)(b)	Lighting	<input checked="" type="checkbox"/>
410(1)(c)	Bureau/Dresser/Equivalent	<input checked="" type="checkbox"/>
410(1)(d)	Chair	<input checked="" type="checkbox"/>
410(2)	Mirror	<input checked="" type="checkbox"/>
410(5)	Mattress/Foundation Clean/Good Condition/Size	<input checked="" type="checkbox"/>
411(1)	Beds (2 Sheets, Pillowcase, Blanket, Spread and Clean and in Good Condition)	<input checked="" type="checkbox"/>
411(2)	Pillow	<input checked="" type="checkbox"/>
411(3)	Towels and Wash Cloths Provided / Cleaned	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
<b>BEDROOMS – Before 05/24/94 – 3 or 4 Beds in Room</b>		
409(5)	Maximum of 4 Beds, Present Owner	<input type="checkbox"/>
409(6)	Maximum of 4 Beds, New Owner	<input type="checkbox"/>
409(6)(a)	Resident Agrees in Writing	<input type="checkbox"/>
409(6)(c)	70 Square Feet of Space per Bed	<input type="checkbox"/>
409(6)(d)	Individual Privacy Assured	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<b>STAIRS – EXTERIOR / INTERIOR &amp; EXITS</b>		
403(8)	Handrails 30- to 34-inches above tread	<input checked="" type="checkbox"/>
403(8)	Porches & Decks – 8-inches or more above grade (Handrails on open sides)	<input checked="" type="checkbox"/>
403(9)	Stairs Uniform in Size and Rise	<input checked="" type="checkbox"/>
403(12)	Sidewalks, Entrances, Fire Escape Routes Clear	<input checked="" type="checkbox"/>
243(1) 507(5)	30-Inch Doorways (243(1) on or before March 1980) (507(5) after March 1980)	<input checked="" type="checkbox"/>
507(6) 243(1)	Hardware / Locks Nonlocking Against Egress (507(6) after March 1980) (243(1) on or before March 1980)	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
<b>EXTERIOR</b>		
401(4)	Rubbish Removal from Home Daily and Premises Weekly	<input checked="" type="checkbox"/>
403(1) (13)	Maintenance of Yard Area / Premises	<input checked="" type="checkbox"/>
403(4)	Exterior Walls, Roof, Doors / Windows (Chimney, Eaves, Screens, Paint / Siding) weather tight/water tight	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
<b>FIRE SAFETY: ON OR BEFORE 3/27/80</b>		
R231	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input type="checkbox"/>
R233	Basement bedrooms are 50% or more above grade with 2 acceptable means of egress.	<input type="checkbox"/>
R242	Interior finishes are not made from highly flammable material such as paper, cardboard, etc.	<input type="checkbox"/>
R243(1)	Means of egress, that is the entire passage to safe ground outside, is kept unobstructed.	<input type="checkbox"/>
R243(1)	Basements used for resident activity have 2 acceptable means of egress.	<input type="checkbox"/>
R243(1)	Doors which form required means of egress must have positive latching non-locking against egress hardware, and must be at least 30", or 36" if new construction.	<input type="checkbox"/>
R243(1)	Exit doors insure adequate egress for residents who use wheelchairs, and have ramps, where needed.	<input type="checkbox"/>
R243(2)	1st floor has 2 separate and independent means of egress leading to the outside.	<input type="checkbox"/>
R243(3)	New or remodeled homes – corridors lead directly to the outside or to required stairways that lead to the outside at grade level. (No dead end corridors).	<input type="checkbox"/>
R243(4)	Exterior doors and doors of occupied rooms have positive latching, non-locking against egress hardware.	<input type="checkbox"/>
R243(5)	If accommodating residents who use wheelchairs, has two ramps and primary and secondary exits, with no more than 1 foot of rise in	<input type="checkbox"/>
R244(1)	Is heated by an approved heating plant.	<input type="checkbox"/>
R244(1)	If heating plant is in the basement, floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input type="checkbox"/>
R244(1)	If heating plant is on the same level as resident, the furnace room is separated from the rest of the building with a minimum 1-hour protected enclosure.	<input type="checkbox"/>
R244(1)	Furnace room has a permanent, non-closable outside vent for combustion air.	<input type="checkbox"/>
R244(1)	Home does not use space heaters.	<input type="checkbox"/>
R244(2)	Has approved, permanent, fixed type electrical heating, such as baseboard heat.	<input type="checkbox"/>
R244(2)	Has AGA approved sealed combustion wall heater installed per manufacturer's recommendations and on outside wall, with combustion air directly from outside and vented directly to the outside.	<input type="checkbox"/>
R244(3)	Has flame producing water heater that is installed with the same protection as a heating plant.	<input type="checkbox"/>
244(4)	Combustible materials are not stored in rooms containing the heating plant, water heater or incinerator.	<input type="checkbox"/>
R245	Has one 5 lb. multi-purpose (2A10 BC) fire extinguisher, or equivalent, on each occupied floor and in the basement.	<input type="checkbox"/>
R246	Electrical service is maintained in safe condition.	<input type="checkbox"/>
R246	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input type="checkbox"/>
Group R403(8) Family R247(1)	Interior and exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input type="checkbox"/>
Group R403(8) Family R247(1)	Exterior stairways and porches have handrails on all open sides.	<input type="checkbox"/>

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>FIRE SAFETY: ON OR BEFORE 3/27/80 (Continued)</b>		
Group R403(10) Family R247(2)	Scatter or throw rugs have nonskid backings.	<input type="checkbox"/>
Group R403(11) Family R247(3)	Bath and shower areas have handrails and nonskid surfacing/strips.	<input type="checkbox"/>
Group R403(12) Family R247(4)	Sidewalks, fire escape routes and entrances are free of hazards.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Cooking appliances are installed in accordance with approved safety practices.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Metal canopies are equipped with filters and are clean and maintained in good condition.	<input type="checkbox"/>
Group R318 (3) Family R261(1)	Has a telephone.	<input type="checkbox"/>
Group R318 (3) Family R261(2)	Emergency numbers posted next to phone	<input type="checkbox"/>
Group R318 (1) Family R261(1)(2)	Has written emergency procedure and evacuation plan.	<input type="checkbox"/>
Group R318 (2) Family R261(2)	Evacuation plan minimally include a floor plan.	<input type="checkbox"/>
Group R318 (4) Family 261(1)	Employees and residents familiar with emergency and evacuation procedures.	<input type="checkbox"/>
Group R318 (5)	Practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter.	<input type="checkbox"/>
Family 261(2)	At least 4 fire drills per year	<input type="checkbox"/>
Group R318 (5)	A record of practices be maintained and available for review.	<input type="checkbox"/>
Group R318 (6)	Availability of emergency transportation.	<input type="checkbox"/>

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>FIRE SAFETY: AFTER 3/27/1980</b>		
R502	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input checked="" type="checkbox"/>
R503(1)	Interior finishes are at least Class C throughout the facility.	<input checked="" type="checkbox"/>
R503(2)	Interior finish is securely attached to, or furred out not more than 1" from, walls, ceilings that are made of at least 3/4" thick dry wall, plaster masonry, or natural solid wood.	<input checked="" type="checkbox"/>
R503(3)	Interior finish materials, other than dry wall, plaster or natural solid wood that is at least 3/4" thick, are not attached directly to wall studs or to floor/ceiling joists.	<input checked="" type="checkbox"/>
R503(3)	Has a suspended ceiling that is made of Class A material that is at least 1/4" thick and is installed in accordance to manufacturers specifications.	<input checked="" type="checkbox"/>
R503(4)	Class A, B and C interior finish materials meet minimum flame and smoke requirements.	<input checked="" type="checkbox"/>
R504(a-g)	Interior finish meets the requirements of this rule.	<input checked="" type="checkbox"/>
R505(1)	Smoke detectors installed on each floor, rooms with flame producing/heat producing equipment and sleeping areas.	<input checked="" type="checkbox"/>
R505(2)	Facility has heat detectors in place of smoke detectors in kitchen, bathroom or areas with heat/flame producing equipment.	<input checked="" type="checkbox"/>
R505(4)	Detectors are maintained and tested according to manufacturer's recommendations.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on ceilings are at least 6" away from walls.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on walls are 6"-12" away from the ceiling.	<input checked="" type="checkbox"/>
R505(5)	Detectors are not mounted where ventilation systems or other obstructions keep smoke away.	<input checked="" type="checkbox"/>
R505(6)	Home is a new construction, conversion or change of category and has approved smoke detection system installed and powered from the building's electrical system.	<input checked="" type="checkbox"/>
R506(1)	There is one fire extinguisher (2A10 BC) on each Floor	<input checked="" type="checkbox"/>
R506(2)	Fire extinguishers are examined and maintained according to manufacturer's recommendation.	<input checked="" type="checkbox"/>
R507(1), (2)	Entire passage of means of egress is unobstructed.	<input checked="" type="checkbox"/>
R507(3)	The basement, if used for resident activities, has 2 approved means of egress; 1 directly to the outside.	<input checked="" type="checkbox"/>
R507(4)	The 1st floor has 2 separate and independent means of egress that lead directly to the outside.	<input checked="" type="checkbox"/>
R507(5)	Doors that are part of the required means of egress are at least 30" wide and have positive latching, non-locking against egress hardware.	<input checked="" type="checkbox"/>
R507(6)	All occupied rooms have positive latching, non-locking against egress hardware.	<input checked="" type="checkbox"/>
R507(7)	Interior and Exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input checked="" type="checkbox"/>
R507(7)	Exterior/interior stairways and porches have handrails on all open sides.	<input checked="" type="checkbox"/>
R508(1), (3)	Resident bedrooms have 1 outside window for emergency rescue OR bedroom opens onto a corridor with 2 means of egress, one of which leads directly outside OR bedroom has a door that leads directly to the outside.	<input checked="" type="checkbox"/>
R508(2)	A bedroom window must be easily openable from the inside.	<input checked="" type="checkbox"/>
R509(1)	Facility accommodates residents using wheelchairs and has ramps from the 2 approved means of egress on the 1st floor.	<input checked="" type="checkbox"/>
R509(2)	Ramps terminate on firm, solid, unobstructed ground. Resident can move a safe distance away from building	<input checked="" type="checkbox"/>
R509(2)	Ramp slope not more than 1' of rise in 12' of run. Ramps are to have handrails on open sides.	<input checked="" type="checkbox"/>

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>FIRE SAFETY: AFTER 3/27/1980 (Continued)</b>		
R510(1)	Heat is provided by an approved central heating plant or approved permanently installed electrical heating system.	<input checked="" type="checkbox"/>
R510(2)	Heat producing equipment is properly installed and is maintained in a safe condition.	<input checked="" type="checkbox"/>
R510(3)	Is inspection of heat producing equipment needed? If so, done by qualified inspection service and copy submitted to department?	<input checked="" type="checkbox"/>
R510(4)	Hot water pipes and radiators in resident areas are shielded.	<input checked="" type="checkbox"/>
R510(5)	Facility is not using portable heating units.	<input checked="" type="checkbox"/>
R511(1)	Heating plant is in the basement and floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input checked="" type="checkbox"/>
R511(2)	Heating plant and/or flame producing equipment on the same level as residents is in an enclosed room with a 1-hour-fire-resistance rating.	<input checked="" type="checkbox"/>
R511(2)	Heating plant room has a 1 3/4" wood door, is in a fully stoppable wood or steel frame, and is equipped with an automatic self-closing device and positive-latching hardware.	<input checked="" type="checkbox"/>
R511(3)	Heating plant room has a permanent, non-closable outside vent for combustion air.	<input checked="" type="checkbox"/>
R511(4)	Combustible materials are not stored in rooms containing the heating plant, water heater, flame producing equipment or incinerator.	<input checked="" type="checkbox"/>
R512(1)	The electrical service is maintained in a safe condition.	<input checked="" type="checkbox"/>
R512(2)	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input checked="" type="checkbox"/>

FACILITY Roth Group Home	LICENSE # AS410094885	DATE 12/12/2019
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Rule #	Description	Check If Assessed
<b>SPECIAL CERTIFICATION</b>		
<b>STAFFING &amp; TRAINING</b>		
R 1806(3)	Training curriculum approved by Dept. Comm. Health	<input checked="" type="checkbox"/>
R 1806(2)(a)	Intro to community residential services	<input checked="" type="checkbox"/>
R 1806(2)(b)	Intro to the special needs of clients	<input checked="" type="checkbox"/>
R 1806(2)(c)	Basic interventions	<input checked="" type="checkbox"/>
R 1806(2)(d)	Basic first aid and CPR	<input checked="" type="checkbox"/>
R 1806(2)(e)	Precaution & procedures for admin. medications	<input checked="" type="checkbox"/>
R 1806(2)(f)	Preventing, preparing & procedures for emergencies	<input checked="" type="checkbox"/>
R 1806(2)(g)	Resident rights	<input checked="" type="checkbox"/>
R 1806(2)(h)	Nonaversive techniques...challenging behaviors	<input checked="" type="checkbox"/>
<b>FACILITY RECORDS</b>		
R 1802(4)	Review of Recipient Right policies	<input checked="" type="checkbox"/>
R 1803(5)	Evacuation "E score" for facility completed	<input checked="" type="checkbox"/>
R 1803(6)	Evacuation assessment including all occupants done w/l 30 days of admission/or moving into home and annually thereafter	<input checked="" type="checkbox"/>
R 1806(1)	Sufficient staff to implement plans of service	<input checked="" type="checkbox"/>
R 1806(1)	Plans of Service implemented	<input checked="" type="checkbox"/>
R 1805	Common use areas accessible to residents	<input checked="" type="checkbox"/>
R 1805	Transportation to meet all resident needs	<input checked="" type="checkbox"/>
<b>FIRE SAFETY EQUIPMENT</b>		
<b>4-6 CAPACITY</b>		
R 1803(1)	Interconnected Smoke Detection System (4-6 capacity) Audible in all areas of the	<input checked="" type="checkbox"/>
R 1803 (1)	Installed on all levels including basement.	<input checked="" type="checkbox"/>
R 1803 (1)	Shall have battery back-up -	<input checked="" type="checkbox"/>
R 1803 (1)	Accommodate sensory impaired	<input checked="" type="checkbox"/>
R 1803 (1)	Installed by licensed electrical contractor	<input checked="" type="checkbox"/>
R 1803 (1)	Recorded annual inspections	<input checked="" type="checkbox"/>
R 1803(3)	Fire drills: day, evening & sleeping hrs. once each quarter (4 or more capacity)	<input checked="" type="checkbox"/>
<b>3 OR FEWER CAPACITY</b>		
R 1803(2)	Assured alarm audible in all areas of the home. (3 or fewer capacity). Detectors on each level and basement. Not required to be interconnected	<input checked="" type="checkbox"/>
R 1803(4)	Fire Drills 4 X's a year 2 of which must be in sleeping hours (FA homes with 3 or fewer capacity only)	<input checked="" type="checkbox"/>





GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 12, 2019

Robin Deerfield  
Thresholds  
Post Office Box 68327  
Grand Rapids, MI 49516-8327

RE: License #: AS410094885  
**Roth Group Home**  
**99 Roth Street, SE**  
**Grand Rapids, MI 49548-7728**

Dear Ms. Deerfield:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-6063

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410094885
<b>Licensee Name:</b>	Thresholds
<b>Licensee Address:</b>	1225 Lake Drive SE Grand Rapids, MI 49506
<b>Licensee Telephone #:</b>	(616) 240-8475
<b>Licensee/Licensee Designee:</b>	Robin Deerfield, Designee
<b>Administrator:</b>	Timothy Grider, Administrator
<b>Name of Facility:</b>	Roth Group Home
<b>Facility Address:</b>	99 Roth Street, SE Grand Rapids, MI 49548-7728
<b>Facility Telephone #:</b>	(616) 281-1788
<b>Original Issuance Date:</b>	06/13/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/10/2019

Date of Bureau of Fire Services Inspection if applicable: 12/10/2019

Date of Environmental/Health Inspection if applicable: 12/10/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 0  
No. of others interviewed NA Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Medications passed prior to inspection.
- Medication(s) and medication record(s) reviewed? Yes  No  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.  
Meals prepared and passed prior to inspection.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS


This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

**Exit Conference completed on 12/12/2019 with Licensee Designee, Robin Deerfield.**

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



12/12/2019

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Toya Zylstra  
Licensing Consultant

Date



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 17, 2019

To: Ed Wilson

Subject: Roth Group Home  
99 Roth Street, SE  
Grand Rapids, MI 49548  
License Number: AS410094885

We are requesting information for compliance with contract requirements for protecting recipient rights for the noted facility. Please provide this information to the following Adult Foster Care Licensing staff:

Stephanie Gonzalez  
DHS/BCAL/AFC Licensing Division  
611 W. Ottawa St., P.O. Box 30664  
Phone: 517-243-6064  
Fax: 517-284-9709

Please note that the license for this facility expires on 12/16/2019. If we do not receive a response from you at least 30 days prior to this date, we will presume the facility is in compliance with your agency's contract requirements.

**Response:**

As of 11/15/2018 review of this department's Office of Recipient Rights records indicates:

- The adult foster care home is in compliance with this agency's contract requirements for protecting recipient rights.
- The adult foster care home is not in compliance with this agency's contract requirements for protecting recipient rights for the following reason(s):
- The adult foster care home is in contractual compliance following recipient rights compliance review by this agency's contractors.

\_\_\_\_\_  
\_\_\_\_\_

*Ed Wilson*  
Authorized Signature

10/17/2019  
Date