



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 20, 2023

Barbara Roseberry
Roseberry AFC Home #1, LLC
PO Box 34225
Detroit, MI 48234

RE: License #: AM820392808
Roseberry AFC Home #1
7161-67 Palmetto
Detroit, MI 48234

Dear Ms. Roseberry:

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, 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AM820392808

Licensee Name: Roseberry AFC Home #1, LLC

Licensee Address: 7065 Hillside Dr.
West Bloomfield, MI 48322

Licensee Telephone #: (313) 282-9083

Licensee/Licensee Designee: Barbara Roseberry

Administrator: Roderick Roseberry

Name of Facility: Roseberry AFC Home #1

Facility Address: 7161-67 Palmetto
Detroit, MI 48234

Facility Telephone #: (313) 282-9083

Original Issuance Date: 07/16/2018

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/18/2023

Date of Bureau of Fire Services Inspection if applicable: 11/03/2022

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Full inspection completed
- 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.
Inspection not conducted during meal time.
- 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 found to be in non-compliance with the following rules:

R 400.14205 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 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 the time of inspection, Staff- Alesa Reed employee record reviewed did not contact a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A's record reviewed did not contain a completed Funds Part II since admission.

R 400.14316 Resident records.

(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

At the time of inspection, Resident B's record was not kept in the home despite in January 2022.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

At the time of inspection, I observed box, containers, clothing, and odd materials stored in the same room of furnace.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Shatonda Daniel

01/20/2023

Licensing Consultant

Date