



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2024

Lois LaRosa and James LaRosa
3305 Wemple Road
Traverse City, MI 49686

RE: License #: AF280002212
LaRosa AFC Home
3305 Wemple Road
Traverse City, MI 49686

Dear Mr. and Mrs. LaRosa:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, reading 'Adam Robarge'.

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #:	AF280002212
Licensee Name:	Lois LaRosa and James LaRosa
Licensee Address:	3305 Wemple Road Traverse City, MI 49686
Licensee Telephone #:	(269) 929-3830
Administrator:	N/A
Name of Facility:	LaRosa AFC Home
Facility Address:	3305 Wemple Road Traverse City, MI 49686
Facility Telephone #:	(231) 929-3830
Original Issuance Date:	12/13/1989
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/07/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/30/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: Licensees

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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. Funds not kept
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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.

Technical assistance provided:

- Water temperature must be kept between 105 and 120 degrees Fahrenheit.
- Unless a resident's physician specifically states otherwise, all the giving, taking or application of prescription medication shall be supervised by the licensee or responsible person.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 6).



9/11/2024

Adam Robarge
Licensing Consultant

Date