



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 20, 2024

Hersel Fouladbash  
Rose Gardan Inc.  
176 N. Main St.  
Elkton, MI 48731

RE: License #:	AL320385433 Rose Gardan, Inc 176 N. Main Elkton, MI 48731
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Dear Hersel Fouladbash:

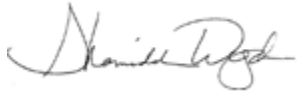
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AL320385433
<b>Licensee Name:</b>	Rose Gardan Inc.
<b>Licensee Address:</b>	176 N. Main St. Elkton, MI 48731
<b>Licensee Telephone #:</b>	(989) 553-2700
<b>Licensee Designee:</b>	Hersel Fouladbash
<b>Administrator:</b>	Chris Roth
<b>Name of Facility:</b>	Rose Gardan, Inc
<b>Facility Address:</b>	176 N. Main Elkton, MI 48731
<b>Facility Telephone #:</b>	(989) 553-2700
<b>Original Issuance Date:</b>	06/08/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/15/2024

Date of Bureau of Fire Services Inspection if applicable: 02/16/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 19

No. of others interviewed 1 Role: Licensee Designee

- 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.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
This inspection was not conducted during mealtime.
- 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
12/05/2022, R312(4)(b), R403(2), R402(3), R316(1)(a)(viii) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

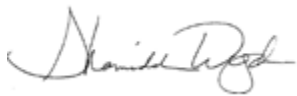
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.15208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b> <b>(f) Verification of reference checks.</b>
At the time of inspection, there were no reference checks on file for review in staff Christy Rickard's file.	
<b>R 400.15306</b>	<b>Use of assistive devices.</b>
	<b>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</b>
At the time of inspection, there was no physician authorization on file for Resident A's walker and shower chair.	
<b>R 400.15316</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b> <b>(a) Identifying information, including, at a minimum, all of the following:</b> <b>(viii) Funeral provisions and preferences.</b>
At the time of inspection, there were no funeral provisions noted in Resident A and Resident B's file. <b>REPEAT VIOLATION ESTABLISHED, LSR DATE: 12/02/2022 CAP DATE: 12/05/2022</b>	
<b>R 400.15402</b>	<b>Food service.</b>
	<b>(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are</b>

	<b>necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</b>
At the time of inspection, there were multiple personal refrigerators utilized by residents that were not equipped with a thermometer. Also, thermometer readings were above 40 degrees Fahrenheit in the personal refrigerators in room #202 and #215. <b>REPEAT VIOLATION ESTABLISHED, LSR DATE: 12/02/2022 CAP DATE: 12/05/2022</b>	
<b>R 400.15407</b>	<b>Bathrooms.</b>
	<b>(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.</b>
At the time of inspection, the bathroom vent in room #210 was not working. The forced ventilation appeared to be in need of repair.	
<b>R 400.15408</b>	<b>Bedrooms generally.</b>
	<b>(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.</b>
At the time of inspection, the bedroom door lock to room #218 was not equipped with positive latching, non-locking-against-egress hardware.	

#### IV. RECOMMENDATION

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



11/20/2024

Shamidah Wyden  
Licensing Consultant

Date