



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 26, 2024

Stephanie Riley
Valley Residential Serv Inc.
P O Box 186
St Charles, MI 48655

RE: Application #:	AS090418832 Rose Home 308 Ireland St. Auburn, MI 48611
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Dear Stephanie Riley:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090418832
Applicant Name:	Valley Residential Serv Inc.
Applicant Address:	300 S Saginaw St. Charles, MI 48655
Applicant Telephone #:	(231) 580-5204
Licensee Designee:	Stephanie Riley
Name of Facility:	Rose Home
Facility Address:	308 Ireland St. Auburn, MI 48611
Facility Telephone #:	(989) 662-4595
Application Date:	09/17/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/17/2024	Enrollment
09/17/2024	PSOR on Address Completed
09/17/2024	Application Incomplete Letter Sent RI030
09/17/2024	Contact - Document Sent Forms sent in mail.
10/08/2024	Contact - Document Received RI030
10/08/2024	File Transferred To Field Office
10/10/2024	Application Incomplete Letter Sent
11/21/2024	Application Complete/On-site Needed
11/21/2024	Inspection Completed On-site
11/26/2024	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Rose Home is located at 308 Ireland Auburn, MI 48611 and is situated in the city of Auburn, MI. The home is located north of M-10, between Garfield Rd and S. Auburn Road. It is a single-story, four-bedroom home, with brick and vinyl siding. It also contains a kitchen, front sitting room, dining room, living room, office, laundry room, two full bathrooms, enclosed backyard, and a garage. The home also has a full basement. The home was previously licensed by Bay Human Services, Inc. as Rose Home-AS090395688 from 10/01/2018 through 10/17/2024. The home is leased by Valley Residential Services, Inc. The home is owned by County of Bay, Michigan.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A furnace inspection was completed on 10/17/2024 by Badour Heating & Cooling and deemed to be in good working order. Fire extinguishers are installed on each floor of the home. This home has a public water and sewer system.

The facility is wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 Southwest	16ft 11in x 10ft 9 in- 2ft 4 in x 5ft 3in	169.65	2
2 Northwest	16ft 11 in x 10 ft 5in – 2ft 5in x 5ft 2in	163.71	1
3 Southeast	10 ft 4 in x 15ft 3 in	157.6	1
4 Northeast	15 ft 3 in x 10 ft 6 in	160.1	2

The living, dining, and sitting room areas measure a total of 685 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults, aged 18 and older, whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, aged, traumatically brain injured, and Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: Bay Arenac Behavioral Health Authority.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Valley Residential Services, Inc., which is a “Non-Profit Corporation” was established in Michigan, on 09/16/1986. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors for Valley Residential Services, Inc. has submitted documentation appointing Stephanie Riley as licensee designee for this facility, and Diane Carillo as the administrator of the facility.

A licensing record clearance request was completed and approved for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to

maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

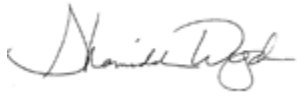
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with Quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).



11/26/2024

Shamidah Wyden
Licensing Consultant

Date

Approved By:



11/26/2024

Mary E. Holton
Area Manager

Date