



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 21, 2025

James Kubicek  
Rose Hill Center Inc  
5130 Rose Hill Blvd  
Holly, MI 48442

RE: License #: AM630009319  
Malta House  
5161 Rose Hill Boulevard  
Holly, MI 48442

Dear James Kubicek:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630009319
<b>Licensee Name:</b>	Rose Hill Center Inc
<b>Licensee Address:</b>	5130 Rose Hill Blvd Holly, MI 48442
<b>Licensee Telephone #:</b>	(248) 634-5530
<b>Licensee Designee:</b>	James Kubicek
<b>Name of Facility:</b>	Malta House
<b>Facility Address:</b>	5161 Rose Hill Boulevard Holly, MI 48442
<b>Facility Telephone #:</b>	(248) 634-5530
<b>Original Issuance Date:</b>	05/11/1992
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/21/2025

Date of Bureau of Fire Services Inspection if applicable: 06/25/2024

Date of Environmental/Health Inspection if applicable: 02/24/2025

No. of staff interviewed and/or observed

1

No. of residents interviewed and/or observed

10

No. of others interviewed

N/A

Role:

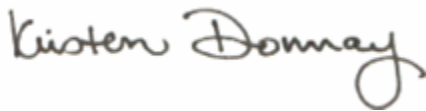
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
Inspection did not occur 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



05/21/2025

---

Kristen Donnay  
Licensing Consultant

Date