



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2025

LaToshia Baruti
Vintage Specialized Services LLC
P.O. Box 541
Leslie, MI 49251

RE: Application #: AS380417986
Creekside Residential Care - Metro
219 Second Street
Jackson, MI 49201

Dear Ms. Baruti:

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380417986
Applicant Name:	Vintage Specialized Services LLC
Applicant Address:	207 E. Bellevue St. Leslie, MI 49521
Applicant Telephone #:	(313) 567-0709
Administrator/Licensee Designee:	LaToshia Baruti
Name of Facility:	Creekside Residential Care - Metro
Facility Address:	219 Second Street Jackson, MI 49201
Facility Telephone #:	(517) 795-8731
Application Date:	10/17/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/17/2023	Enrollment
10/19/2023	PSOR on Address Completed
10/19/2023	Application Incomplete Letter Sent - emailed to lbaruti@wellnessmi.com
01/04/2024	Contact - Document Received - 1326/ri030, MC, Copy of app
01/22/2024	Application Incomplete Letter Sent
07/31/2024	Contact - Telephone call made - Discussion with Ms. Baruti. Things are going well; she is updating the paperwork. She will submit the documentation then the inspection can be scheduled.
10/24/2024	Application Complete/On-site Needed
10/24/2024	Inspection Completed On-site
10/24/2024	Inspection Completed-BCAL Sub. Compliance
11/26/2024	Inspection Completed On-site
11/26/2024	Inspection Completed-BCAL Sub. Compliance
12/19/2024	Contact - Document Received - Proof of two-hour firewall between the two dwellings.
01/31/2025	Contact - Telephone call made - Discussion with Ms. Baruti.
03/04/2025	Contact - Telephone call made - Discussion with Ms. Baruti.
04/01/2025	Contact - Telephone call made - Status update and discussion with Ms. Baruti regarding enrollment.
04/30/2025	Contact - Telephone call made - Follow-up regarding additional documents that were requested and needed for the file.
05/05/2025	SC-Application Received - Original
05/12/2025	Contact - Document Received - Smoke detector invoice
05/12/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections. There was also ongoing contact with the applicant during the licensing process, which consisted of phone calls, emails and discussions.

A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This two-story duplex home was built in 1925. The addresses are 219 Second Street, and 412 W. Washington. This license will be issued to 219 Second Street. The applicant has provided a written inspection report, documenting the two-hour firewall separation between the adjoined dwellings. This home has a basement. The primary entrance for residents is in the front of the facility, facing west. This entrance is equipped with steps and handrails. The second identified resident exit is accessed through the kitchen, which is also equipped with steps and handrails. The second identified resident exit faces east. This facility is not wheelchair accessible.

The primary entrance opens to an entryway, and to the left is the dining room and staff office. The kitchen is also accessed through the dining room, which leads to the laundry room and a door to the basement. The facility is equipped with a washer and an electric dryer. The primary entryway also leads to the living room on the right, and straight to the staircase, which leads to the second floor of the facility. The full bathroom is located to the left and Bedroom #1, Bedroom #2, and Bedroom #3 are to the right.

The heating plant is in the basement of the facility, which is accessed through a door in the laundry area. The door leading to the heating plant room is a 90-minute door; and it is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a gas fired forced air furnace and a water heater. The water heater is equipped with a device to maintain temperature control. This facility is equipped with individual air conditioning units and fans. The applicant provided a copy of the approved property inspection report from the City of Jackson, and a copy of the report contained within the facility file.

The facility is equipped with a fireplace on the main level, and the applicant has indicated in writing that it will not be utilized.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in required areas of the home. The facility is equipped with fire extinguishers on each floor and in the basement of the facility.

An on-site inspection verified the facility was in compliance with all applicable environmental health administrative licensing rules. The facility utilizes a public water supply and sewage disposal system. A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	10'6" x 13'4"	140 sq. ft.	2
Bedroom # 2	10'10" x 16'	173 sq. ft.	2
Bedroom # 3	12'9" x 11' + 4' x 6'8"	177 sq. ft	2

The indoor living and living areas, (excluding the bedrooms) measure a total of 479 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male or female ambulatory residents who are 18 to 70 years of age. According to the Program Description, "CRC will provide a comfortable, safe and therapeutic living environment for adults who have mental impairments (MI), intellectual disabilities (ID), developmental disabilities (DD), Aged, Traumatic Brain Injured (TBI) and Physically Impaired..."

The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Creekside Residential Care - Metro strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

The applicant intends to offer a specialized program of services and support that will meet the unique programmatic needs of individuals with a mental health and/or developmental disability diagnosis, as set forth in their Assessment Plans for AFC Residents and in their individual plans of service.

The applicant intends to accept individuals with CMH Specialized Residential funding. Residents will be referred by Lifeways.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, the applicant intends to utilize local community resources, including but not limited to, attending wellness classes, shopping, going to the movies, library, and parks.

C. Applicant and Administrator Qualifications

The applicant is Vintage Specialized Services, L.L.C., and is a “For Profit Domestic Limited Liability Company” which was formed on December 23, 2009. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status, and that LaToshia L. Baruti is the Resident Agent. 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. Ms. Baruti has stated in writing the appointment of herself as the licensee designee and the administrator for the facility.

A criminal background check of LaToshia Baruti was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Baruti submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Baruti has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular

ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the

responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.



05/12/2025

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



05/13/2025

Dawn N. Timm
Area Manager

Date