



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED
DIRECTOR

April 28, 2008

Roseline Rowan
Medhealth Suppliers & Providers, Inc.
706 Britten Ave
Lansing, MI 48910

RE: Application #: AS230294121
Evergreen Place II
4048 Windward Dr.
Lansing, MI 48911

Dear Mrs. Rowan:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2585.

Sincerely,

A handwritten signature in black ink that reads "Mary Holton".

Mary E Holton, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 241-9513

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS230294121

Applicant Name: Medhealth Suppliers & Providers, Inc.

Applicant Address: 706 Britten Ave
Lansing, MI 48910

Applicant Telephone #: (517) 585-6685

Administrator/Licensee Designee: Roseline Rowan

Name of Facility: Evergreen Place II

Facility Address: 4048 Windward Dr.
Lansing, MI 48911

Facility Telephone #: (517) 712-8585

Application Date: 12/28/2007

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

12/28/2007	Enrollment
12/28/2007	Application Incomplete Letter Sent rec. cl.
01/08/2008	Application Complete/On-site Needed
01/29/2008	Application Incomplete Letter Sent
03/14/2008	Inspection Completed On-site
03/14/2008	Inspection Completed-BFS Sub. Compliance
03/28/2008	Contact - Document Received Letter received from Ms. Rowan.
03/31/2008	Contact - Document Received Letter received from Ms. Rowan.
04/02/2008	Contact - Telephone call made Phone contact with Ms. Rowan.
04/02/2008	Contact - Document Received
04/22/2008	Inspection Completed-BFS Sub. Compliance
04/22/2008	Confirming letter sent
04/22/2008	Contact – Document Received Letter received from Ms. Rowan.
04/22/2008	Application Complete-Onsite Needed
04/24/2008	Inspection Completed-BFS Substantial Compliance
04/24/2008	Contact – Document Received Letter received from Ms. Rowan.
04/25/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This facility is a ranch-style home with almond colored brick and vinyl siding located in the city of Lansing. The home consists of four resident bedrooms, a staff bedroom, two full bathrooms, a living room, dining room and a kitchen. The home has an attached garage. The home has a full basement that will not be utilized by residents. The facility has a cement porch in the front with a cement sidewalk that leads east of the garage to the cement patio in the back. The facility has a cement driveway located at the front of the facility.

The front door opens to a foyer area that measures 42 sq. ft. The foyer area connects to the living room (195 sq. ft.) and dining room (67 sq. ft) and kitchen area. The living room has sliding glass doors as secondary means of egress and a door that leads to the garage. The hallway west of the dining and kitchen area connects to the four resident bedrooms, the staff bedroom and two full bathrooms.

The four residents' bedrooms measured as follows:

SE Bedroom	149 sq. ft	(2 residents)
SW Bedroom	117 sq. ft.	(1 resident)
Mid W Bedroom	92 sq. ft.	(1 resident)
NW Bedroom	150 sq. ft	(2 residents)

The facility received an approval form the city of Lansing indicating they were in compliance with the local building codes for their electrical, plumbing and heating codes for the city of Lansing on 3/13/08.

Roseline Rowan is the owner of the property and a leasing agreement to the corporation is in the file.

The gas furnace and hot water heater are located in a heating plant room in the basement. The heat plant consists of a forced air furnace operating on natural gas. The furnace was inspected and approved by a licensed contractor on 3/13/08.

Ms. Rowan has submitted a statement that she will not be utilizing the fireplace located in the living room.

This facility is not wheelchair accessible.

2. Sanitation:

The facility has a public water and sewage system. Waste removal will occur on a weekly basis.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The system was inspected and approved by a licensed contractor on 2/28/08.

B. Program Description

1. Administrative structure and capability:

Ms. Rowan is the licensee designee and administrator for this facility. Ms. Rowan's educational background includes a Juris Doctor Degree from Thomas Cooley Law School. Ms. Rowan is currently a member in good standing with the State Bar of Michigan. Ms. Rowan received a Master of Science Degree from Pontifical Gregorian University in Rome, Italy. Ms. Rowan submitted verification she has several years of experience working with adults diagnosed with Alzheimer's, Mentally Ill, Aged, Developmental Disabled and Aged and successfully completed the required training and requirements for a licensee designee of a small group home.

Mr. Rowan submitted a Medical Clearance Request form signed by her licensed physician and TB test with the result of negative.

2. Program information:

The facility will provide foster care services to men and women age 18 and over that are Aged, Mentally Ill, Developmentally Disabled and or diagnosed with Alzheimer's. Ms. Rowan has submitted an Alzheimer's program statement that meets licensing requirements. The facility is equipped with motion detectors in the hallway and exterior of the home and all the exterior doors are alarmed to assure the safety of a resident with Alzheimer's disease.

3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff and residents' records will be maintained at the facility.

C. Rule/Statutory Violations

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an inspection.

IV. RECOMMENDATION

I recommend a temporary license be issued to this AFC small group home (capacity 1-6 residents).



4/28/08

Mary E Holton
Licensing Consultant

Date

Approved By:



4/28/08

Betsy Montgomery
Area Manager

Date