



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 2, 2013

Thomas Ongwela
1741 Greenbriar
Portage, MI 49024

RE: Application #: AM390337111
JL AFC
1327 Sherwood Ave.
Kalamazoo, MI 49048

Dear Dr. Ongwela:

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 10 is issued effective 04/02/2013.

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 (616) 356-0100.

The licensing consultant now assigned to this home is **Donna Konopka**. Her direct telephone number is **269-615-5050**.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM390337111

Applicant Name: Thomas Ongwela

Applicant Address: 1741 Greenbriar
Portage, MI 49024

Applicant Telephone #: (269) 349-8534

Administrator/Licensee Designee: N/A

Name of Facility: JL AFC

Facility Address: 1327 Sherwood Ave.
Kalamazoo, MI 49048

Facility Telephone #: (269) 349-8534

Application Date: 10/11/2012

Capacity: 10

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

07/24/2012	Inspection Completed-Fire Safety : A
10/11/2012	Enrollment
10/17/2012	Inspection Report Requested - Health 1020827
10/17/2012	Application Incomplete Letter Sent Fingerprint for Thomas Ongwela
10/17/2012	Comment Due to change of ownership a new BFS Plan Review is not needed per AM
10/17/2012	Contact - Document Sent Rule & ACT Books
10/31/2012	Inspection Completed-Env. Health : A
11/26/2012	Contact - Document Received Fingerprint for Thomas Ongwela
11/27/2012	Application Complete/On-site Needed
11/27/2012	File Transferred To Field Office Kalamazoo
11/30/2012	Application Incomplete Letter Sent
01/30/2013	Inspection Completed On-site
03/26/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story wood frame building located within the city of Kalamazoo. The building is not handicap or wheelchair accessible. The home is served by public water and sewage disposal.

The facility has two means of egress from the ground floor. The second story has two stairwells leading to the main floor means of egress.

This location has previously been licensed for adult foster care and zoning approval was given and a copy is on file.

The Kalamazoo County Environmental Health sanitarian inspected this home on October 29, 2012 and gave the facility an “A” rating, indicating substantial compliance with applicable rules.

This location is currently licensed to another licensee and was inspected by the Bureau of Fire Safety on July 24, 2012. Approval was given until the next scheduled inspection.

The basement level contains the heat plant and water heater and is not utilized by residents for any purpose.

The first floor contains a living room and kitchen. Residents eat meals at a table in the kitchen. The first floor also contains three resident bedrooms and a full bathroom with a shower. A combination office/employee bedroom is on the first floor.

The second floor contains four resident bedrooms, a living room, and a full bath.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'x7'9"	85	1
2	17'4"x11'5"	197	2
3	15'1"x12'9"	192	2
4	11'6"x8'7"	98	1
5	11'8"x7'9"	90	1
6	12'.1"x11'3"	135	1
7	15'1"x13'5"	202	2

The living, dining, and sitting room areas measure a total of 436 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **ten (10)** 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 ten (10) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Kalamazoo County DHS and CMH as a referral source.

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 transportation for program and medical needs as specified in the resident care agreement and assessment plan. Public transportation is available and the facility is within walking distance of many services. 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

This location has been licensed to Victoria Ongwela as Common Ground AFC since 2008. A license is now being issued to Dr. Thomas Ongwela for JL AFC as part of a settlement agreement BCAL entered into with Ms. Ongwela. Ms. Ongwela remains as the owner of the property but will have no role in the operation of the foster home.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A fingerprint clearance request was completed with no convictions recorded for the applicant/administrator. The applicant /administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/ 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 10 bed facility is adequate and includes a minimum of 1 staff -to- 10residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours. Dr. Ongwela has two employees who will live in and will alternate being on duty.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of

this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee's 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 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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

acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

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

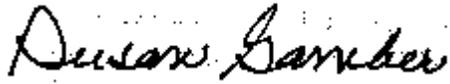
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 10).



March 29, 2013

Susan Gamber
Licensing Consultant

Date

Approved By:



March 29, 2013

Jerry Hendrick
Area Manager

Date