



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 27, 2014

Elia Mtimavalye  
910 Pierce Road  
Lansing, MI 48910

RE: Application #: AF330334043  
Harmony Living  
910 Pierce Road  
Lansing, MI 48910

Dear Mr. Mtimavalye:

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 4 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) 284-9720.

Sincerely,

Andrea Green, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5637

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF330334043
<b>Applicant Name:</b>	Elia Mtimavalye
<b>Applicant Address:</b>	910 Pierce Road Lansing, MI 48910
<b>Applicant Telephone #:</b>	(517) 410-7313
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Harmony Living
<b>Facility Address:</b>	910 Pierce Road Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 410-7313
<b>Application Date:</b>	07/23/2012
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

## **II. METHODOLOGY**

07/23/2012	Enrollment
07/24/2012	PSOR on Address Completed
07/24/2012	Contact - Document Sent Rules & Act booklets
07/24/2012	Application Incomplete Letter Sent App - sign pg 4; rec cl's for Elia & Tasha
09/18/2012	Contact - Document Received App - signed, rec cl's & FP's for Tasha & Elia
09/18/2012	Application Incomplete Letter Sent SOS for Elia & Tasha
09/24/2012	Application Incomplete Letter Sent SOS for Elia
09/27/2012	Contact - Document Received SOS for Elia - ok per copy of dr lic.
09/28/2012	Application Complete/On-site Needed
12/28/2012	Application Incomplete Letter Sent
03/11/2014	Inspection Completed-BCAL Sub. Compliance
04/01/2014	Inspection Completed On-site
04/01/2014	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Harmony Living is ½ of a duplex made of brick and siding. The facility is located in a residential neighborhood in Lansing, Michigan, in Ingham County. The facility has a paved driveway which allows for parking for visitors. The facility has a deck on the front of the home and a raised deck off the kitchen that is available for outside sitting space for the residents. The facility has a living room area, dining area, kitchen and two resident bedrooms on the main level of the home. There is also a half bathroom and a full bathroom available for residents' use on the main level of the home. The licensee's bedroom is located in the basement of the home. The lower level has a walk out door that leads to the backyard which provides a second means of egress from the

basement. The facility is not equipped with a ramp at the exit and is not wheelchair accessible.

The furnace and hot water heater are located in the basement of the home. The furnace is enclosed in a room that is constructed of material which has a one hour fire resistance and a fire-rated door that is equipped with automatic, self- closing and positive latching hardware. The door is hung in a fully stopped wooden frame. The laundry area is also located in the basement of the home.

The facility is equipped with single station smoke detectors located in the living areas, kitchen, resident sleeping areas, and the basement. The facility is also equipped with fire extinguishers on the main level and in the basement.

The facility has public water and sewage.

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

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom # 1	12'8" X 11'5"	143.57	2
Bedroom # 2	13'5" X 9'7"	130.95	2
Living Area	21' X 13'	273	

The living area measures a total of 274 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for four (4) male residents. The facility will accept residents who are moderate to high functioning, developmentally disabled adults, and non-violent, non-aggressive and medically manageable mentally ill adults. The facility will provide residents with the opportunity to participate in daily exercise, and other activities such as fishing, biking, barbeques and other activities in the community.

Elia Mtimavalye is the sole applicant for this family license and he resides in the home. A criminal history check was completed on Mr. Mtimavalye on 9/18/2012 and no criminal convictions were found. Mr. Mtimavalye has also submitted a medical clearance dated 5/13/2014 which documented that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB

test result was also obtained for Mr. Mtimavalye. Mr. Mtimavalye has six years of experience working with individuals who are developmentally disabled, mentally disabled, and elderly individuals as a direct care staff.

The responsible person for this family home is Tasha Ann Williams. A criminal history check was completed for Ms. Williams on 9/18/2012 and no criminal convictions were found. Ms. Williams also submitted a medical clearance dated 5/13/2014 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test result was also obtained for Ms. Williams. Ms. Williams has 4 years of experience as a direct care staff working with developmentally and mentally disabled individuals as well as the elderly population.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with the applicants current outside employment at Sparrow hospital.

The applicant acknowledged that the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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](http://www.miltcpartnership.org)) and the related documents to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents 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 valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged and understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge witten notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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

### **C. 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 family home with a capacity of four (4) residents.



5/23/2014

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Andrea Green  
Licensing Consultant

Date

Approved By:



5/27/14

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Betsy Montgomery  
Area Manager

Date