



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

December 4, 2014

Daniel Muthiani  
Zawadi USA LLC  
4620 Restmor St. SW  
Grandville, MI 49418

RE: Application #: AS410366922  
Zawadi  
4793 Millhaven Dr.  
Kentwood, MI 49548

Dear Mr. Muthiani:

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 5 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 (616) 356-0100.

Sincerely,

Ian Tschirhart, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410366922
<b>Applicant Name:</b>	Zawadi USA LLC
<b>Applicant Address:</b>	4620 Restmor St. SW Grandville, MI 49418
<b>Applicant Telephone #:</b>	(616) 516-0614
<b>Administrator:</b>	Mary Kioko
<b>Licensee Designee:</b>	Daniel Muthiani
<b>Name of Facility:</b>	Zawadi LLC
<b>Facility Address:</b>	4793 Millhaven Dr. Kentwood, MI 49548
<b>Facility Telephone #:</b>	(616) 805-1651
<b>Application Date:</b>	10/07/2014
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

10/07/2014	Enrollment
10/09/2014	Contact - Document Sent Rule & ACT Books
10/09/2014	Application Incomplete Letter Sent 1326/Fingerprint for Dan Muthiani (Licensee Designee) and 1326 for Mary Kioko (Administrator)
10/21/2014	Contact - Document Received 1326/Fingerprints for Daniel Muthiani and Mary Kioko
10/21/2014	Application Complete/On-site Needed
10/21/2014	File Transferred To Field Office Grand Rapids
10/30/2014	Application Incomplete Letter Sent Sent by Licensing Consultant
12/04/2014	Inspection Completed On-site
12/04/2014	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

Zawadi, which is located at 4793 Millhaven Drive, Kentwood, Michigan, is being leased by Daniel Muthiani and Mary Kioko, who will operate a Small Group Home at this address. They have submitted written permission for a state worker to inspect the home. The home is a brick ranch with a one-and-a-half car attached garage. The main floor of the home has three bedrooms, a full bath, a half bath, kitchen, dining area, and living room.

This home has a basement where the furnace, hot water heater, washer and dryer are located. The main floor and basement are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 12/04/2014 and worked properly. There is an operable A-B-C fire extinguisher on the main floor as well as the basement and are attached to the walls. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to. The basement is finished and has a room that

may be used by staff for overnight shifts. The basement will be also be used for recreational activities by residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'1" X 10'2"	92	1
2	14'6" X 11'	159	2
3	14'X13'1"	183	2

**Total Capacity: 5**

The living and dining room areas measure a total of 316 square feet of living space. This complies with the 35 square feet/per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and porches are all in good condition. The bricks, roof, and gutters are also all in good condition. There are handrails where required.

Zawadi LLC has a vehicle available for resident transportation that is in good, working condition, with a first aid kit in it. The co-applicants have been informed that they need to identify the charges for transporting residents, if any, on the AFC-Resident Care Agreements form.

**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 co-applicants intend to provide 24-hour supervision, protection and personal care to up to five (5) male ambulatory adults, ages 20 to 70 years old, whose diagnosis is developmentally disabled, mentally ill, and/or is aged, 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 co-applicants expressed a desire to apply for Special Certification for the

Mentally Ill and Developmentally Disabled populations in the near future. The process for doing this was explained to the co-applicants.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

### **C. Applicant and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the designee, who is also the administrator. The co-applicants submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The co-applicants 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 five-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift.

The co-applicants have submitted in writing that their designated licensee designees are Daniel Muthiani and Calvin Matheka.

The co-applicants acknowledged an understanding of the training and qualification 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 co-applicants 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](http://www.miltcpartnership.org)), Cogent, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The co-applicants acknowledged 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 Mr. and Mrs. Lopez, can administer medication to residents. In addition, The co-applicants 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 co-applicants acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the co-applicants acknowledged their

responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The co-applicants acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The co-applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The co-applicants acknowledged 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 co-applicants have 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 co-applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The co-applicants acknowledged their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the co-applicants acknowledged their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file. The co-applicants acknowledged their 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**

The co-applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1–5).



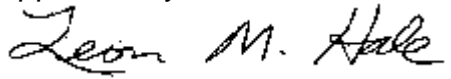
December 4, 2014

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Licensing Consultant

Date

Approved By:



December 04, 2014

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Leon M. Hale  
Area Manager

Date