



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 3, 2016

Josephine Mujeni  
4895 Burgis SE  
Kentwood, MI 49508

RE: Application #: AS410379919  
Burgis  
4895 Burgis Ave SE  
Kentwood, MI 49508

Dear Ms. Mujeni:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 295-3777

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410379919
<b>Applicant Name:</b>	Josephine Mujeni
<b>Applicant Address:</b>	4895 Burgis SE Kentwood, MI 49508
<b>Applicant Telephone #:</b>	(616) 805-4696
<b>Administrator/Licensee Designee:</b>	Josephine Mujeni
<b>Name of Facility:</b>	Burgis
<b>Facility Address:</b>	4895 Burgis Ave SE Kentwood, MI 49508
<b>Facility Telephone #:</b>	(616) 805-4696
<b>Application Date:</b>	10/05/2015
<b>Capacity:</b>	3
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/05/2015	Enrollment
10/21/2015	Comment File rcvd in GR
10/29/2015	Application Incomplete Letter Sent
02/01/2016	Contact - Telephone call made Telephone call made to Licensee Designee Josephine Mujeni to follow up on the Incomplete Application Letter mailed to her. There was no answer. Left a message.
02/03/2016	Contact - Telephone call received Received a phone call from Licensee Designee Josephine Mujeni. She verified she received the incomplete application letter. She stated she is still completing the required paperwork. She stated she will forward all documents once completed.
03/21/2016	Contact - Telephone call made Telephone phone call made to Applicant Josephine Mujeni. She stated she is still interested in pursuing the adult foster care license and is completing the required documents to submit.
04/07/2016	Contact - Document Received Received a copy of the program statement, admission policy, discharge policy, trainings, personnel policies, standard procedures, staffing pattern, organization chart, floor plan, budget, and direct care worker job description.
04/07/2016	Application Complete/On-site Needed
04/12/2016	Contact - Telephone call made Telephone call made to Applicant Josephine Mujeni to request a copy of her medical and TB testing as well as schedule an inspection. There was no answer. Left a message.
04/27/2016	Contact - Telephone call made Telephone call made to Applicant Josephine Mujeni. An inspection is scheduled on 05/11/2016 at 2:30pm. Ms. Mujeni stated she has an appointment with her doctor. She stated she will submit her TB and medical after her appointment.
04/27/2016	Contact - Document Sent Per Applicant Josephine Mujeni's request, a medical clearance request form was emailed to her.

05/09/2016	Contact - Telephone call made Telephone call made to Applicant Josephine Mujeni. The inspection time on 05/11/2016 was changed to 1:30pm.
05/11/2016	Inspection Completed On-site Received a copy of Licensee Designee Josephine Mujeni's medical clearance and proof of TB testing
05/11/2016	Inspection Completed-BCAL Sub. Compliance
05/19/2016	Application Incomplete Letter Sent A confirming letter was mailed.
06/24/2016	Contact - Telephone call made Telephone call made to Applicant Josephine Mujeni. She stated she is still interested in pursuing an adult foster care license. She stated is still in the process of completing the repairs. She stated she will contact me to schedule an inspection.
07/19/2016	Inspection Completed On-site
07/19/2016	Inspection Completed-BCAL Sub. Compliance
07/19/2016	Application Incomplete Letter Sent A confirming letter was sent instead.
08/02/2016	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is located in a residential neighborhood in Kentwood. The main level of the facility consists of a living room, dining room, kitchen, full bathroom, lavatory, three resident bedrooms as well as a non-resident bedroom. This facility is not wheelchair accessible. This facility utilizes a public water and sewage system.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive-latching hardware located at bottom of the stairs. The basement of this facility is not approved for resident activities. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'1"X10'2"	102.51	1
2	10'1"X11'2"	112.59	1
3	13'X9'3"-6'X2'4"	106.27	1

The living, dining, and sitting room areas measure a total of 370 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 **three (3)** 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 **three (3)** 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 Kent County-DHS, Kent County CMH, or private pay individuals 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 all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. 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**

The applicant is Loving Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/01/2015. 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.

The members of Loving Care, L.L.C. have submitted documentation appointing Josephine Mujeni as Licensee Designee as well as Administrator for this facility.

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

The licensee designee/administrator has 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 3 bed facility is adequate and includes a minimum of 1 staff –to- 3 residents 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.

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](http://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 resident's 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.

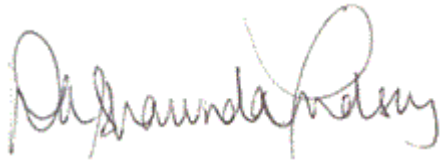
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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

**VI. RECOMMENDATION**

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



08/03/2016

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



08/03/2016

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Jerry Hendrick  
Area Manager

Date