



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 17, 2017

Esther Mulili and Emmanuel Mulili
Nyumbani AFC
5455 Lucerne Ave
Kalamazoo, MI 49048

RE: License #: AF390384351
Nyumbani AFC
5455 Lucerne Ave
Kalamazoo, MI 49048

Dear Mr. and Mrs. Mulili:

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 Adult Foster Care family home license, and temporary certification of specialized programs for the developmentally disabled and mentally ill populations, with a maximum capacity of three (3), 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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390384351
Licensee Name:	Esther Mulili and Emmanuel Mulili
Licensee Address:	5455 Lucerne Ave Kalamazoo, MI 49048
Licensee Telephone #:	(269) 779-8794
Administrator/Licensee Designee:	N/A
Name of Facility:	Nyumbani AFC
Facility Address:	5455 Lucerne Ave Kalamazoo, MI 49048
Facility Telephone #:	(269) 779-8794 08/16/2016
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/16/2016	On-Line Enrollment
08/24/2016	Contact - Document Sent Rule & ACT Books
09/30/2016	Contact - Document Received 1326/RI 030/Fingerprint for Esther and Emmanuel Mulili
10/10/2016	File Transferred To Field Office Lansing
10/12/2016	Comment-Enrollment material received from LU, forwarding to licensing consultant, M. Streeter in Kalamazoo.
10/28/2016	Application Incomplete Letter Sent
03/27/2017	Inspection Completed On-site
03/31/2017	Inspection Completed-BCAL Sub. Compliance
04/18/2017	Contact - Documents Received
04/27/2017	Contact- Documents Received
04/28/2017	Contact- Documents Received
04/28/2017	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Nyumbani AFC is a ranch style home located in a suburban neighborhood in the charter township of Comstock. The property is owned by the applicants Emmanuel and Esther Mulili. On file is proof of property ownership. Mr. and Ms. Mulii are occupants of the home, and reside in the home's finished basement. The home's main entrance opens into the home's living room. To the left of the home's living room, is a hallway that leads to three (3) resident bedrooms and one full resident bathroom. The home has a shared kitchen and dining room area. Off of the back of the shared kitchen and dining room area, is a spacious outside deck, as well as an attached covered porch area. The home is not wheelchair accessible.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home plans to hold a certification for specialized programs, and therefore, is equipped with an interconnected multistation smoke detection system with battery backup. The applicants understand the additional fire safety requirements associated with holding a certification for specialized programs.

The home has a wood burning fireplace on the main floor. On file is written verification from a qualified inspection service verifying that the fireplace and chimney are in good working condition. The home has an electric water heater and gas fired furnace, as well as an additional wood burning furnace, all located in the home's basement. A 1 ¾-inch solid wood core door or equivalent is installed in a substantially fully stopped wood or steel frame at the top of the stairs leading to the home's basement, creating floor separation. On file is written verification from a qualified inspection service verifying that the home's electric water heater, gas fired furnace, and additional wood burning furnace, are properly installed and in good working condition. Also on file, is documentation verifying that the ceiling panels used in the home's finished basement have a Class A fire rating.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 8'	96	1
2	14' x 10'	140	1
3	3' x 5' 11' x 10'	125	1

The indoor living and dining areas measure a total of 258 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to (3) ambulatory residents who are mentally ill and/or developmentally disabled. The applicants intend to offer a specialized program of services and supports that will meet the unique programmatic needs of mentally ill and/or developmentally disabled residents, as set forth in their assessment plans, individual plan of services, treatment plans and/or behavioral treatment plans. The applicants intend to provide a warm, homelike atmosphere that fosters personal growth and nurtures decision-making skills. The applicants intend to provide nutritious and fresh meals every day, administer resident medications, and assist residents with their personal care, all while maintaining a clean and organized environment.

The applicants understand that staffing levels in the home must be sufficient to implement the assessment plans, and individual plans of services. The applicants, as well as all employees, responsible persons and members of the household working with the residents, will successfully complete a course of training which imparts basic concepts required in providing specialized dependent care.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements.

Both genders are accepted at the home. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through Kalamazoo County Community Mental Health.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicants are approved to provide care to the mentally ill and developmentally disabled populations. Ms. Mulili has past employment experience with providing direct care services in an adult foster care setting, to both of these populations.

Criminal history background checks of the applicants and responsible persons were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible persons submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicants have 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 outside employment.

The applicants acknowledged the requirement that the licensees 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 three (3) residents will be the responsibility of the family home applicants, 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 applicants 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 applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants 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) and the related documents required to demonstrate compliance.

The applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants indicate that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants 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 applicants 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 applicants intend to hold a certification for specialized programs and acknowledges the responsibility to obtain and implement residents' individualized plans of service, and if necessary, behavioral treatment plans, for those residents receiving special programming and compensation through a mental health agency.

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

The applicants 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 resident's personal money transactions that have been agreed to be managed by the applicants.

The applicants acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants indicated intent to respect and safeguard these resident rights.

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

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

C. Rules or 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary Adult Foster Care license, and temporary certification of specialized programs, to this adult foster care family home with a capacity of three (3).

Michele Struter

04/28/2017

Licensing Consultant

Date

Approved By:

Dawn Timm

05/17/2017

Area Manager

Date