



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 16, 2018

Sulayman Aninure  
323 E. Glenguile  
Kalamazoo, MI 49004

RE: Application #: AS390390743  
**Anikare 2**  
**5614 W. Brenda Lane**  
**Kalamazoo, MI 49004**

Dear Mr. Aninure:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads 'Cassandra Duursma'.

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

|                               |  |
|-------------------------------|--|
| <b>License Application #:</b> | AS390390743                                |
| <b>Applicant Name:</b>        | Sulayman Aninure                           |
| <b>Applicant Address:</b>     | 323 E. Glenguile<br>Kalamazoo, MI 49004    |
| <b>Applicant Telephone #:</b> | (269) 254-0241                             |
| <b>Administrator:</b>         | Yvonne Aninure                             |
| <b>Licensee Designee:</b>     | Sulayman Aninure                           |
| <b>Name of Facility:</b>      | Anikare 2                                  |
| <b>Facility Address:</b>      | 5614 W. Brenda Lane<br>Kalamazoo, MI 49004 |
| <b>Facility Telephone #:</b>  | (269) 254-0241                             |
| <b>Application Date:</b>      | 10/04/2017                                 |
| <b>Capacity:</b>              | 6  |
| <b>Program Type:</b>          | MENTALLY ILL<br>AGED                       |

## II. METHODOLOGY

|            |  |
|------------|--|
| 10/04/2017 | Enrollment   |
| 10/04/2017 | Contact - Document Sent<br>Rule & ACT Books                                  |
| 10/04/2017 | Application Incomplete Letter Sent<br>Page 3 of app sent back for completion |
| 10/17/2017 | Contact - Document Received<br>Completed page 3 of application               |
| 10/18/2017 | Lic. Unit file referred for background check review                          |
| 10/18/2017 | File Transferred To Field Office-Lansing                                     |
| 10/26/2017 | Application Incomplete Letter Sent   |
| 01/30/2018 | Documentation Sent   |
| 02/01/2018 | Application Complete On-site Needed  |
| 02/06/2018 | Documentation Sent   |
| 02/08/2018 | Inspection Completed On-site   |
| 03/09/2018 | Documentation Sent   |
| 03/29/2018 | Documentation Sent   |
| 04/20/2018 | Documentation Sent   |
| 04/25/2018 | Inspection Completed On-site   |
| 04/25/2018 | Documentation Received- Photo received                                       |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a ranch style house located in a suburban area near the city of Kalamazoo. The property is owned by Sulayman Aninure and Yvonne Wright-Aninure. On file is proof of Warranty-Deed for the home. There are multiple restaurants and convenience stores, as well as, several churches located within three miles of the home. There are also several local parks within four miles of the home. The home is located approximately five miles from Bronson Methodist Hospital.

The main entrance of the home leads to a hallway. South of the hallway are three semi-private resident bedrooms and one shared resident bathroom. Located in the resident bedroom to the southwest of the home, is a bathroom that will remain locked and not be accessible to residents. North of the hallway is the entrance to the kitchen and through the kitchen is the laundry room with a half bathroom that will not be used by residents. East of the hallway is the dining room and north through the dining room is the living room with a sliding glass door to be used as the second means of egress from the home. In total, there are three semi-private resident bedrooms, one resident bathroom, one staff bathroom, and one staff half bathroom.

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 the bottom of the stairs. The facility is equipped with battery powered, single station smoke detectors near sleeping areas, the living area, and basement. The basement will not be used by residents. There are stairs at the entrance of the home and off the deck through the sliding glass doors. The home is not currently wheelchair accessible.

The facility utilizes a private water and private well system which were inspected. The well in the home was found to have fixable deficiencies. The Kalamazoo County Health and Community Services Department granted temporary approval until their next inspection. Mr. Aninure has agreed to replace the well prior to January 13, 2019.

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

| Bedroom # | Room Dimensions              | Total Square Footage | Total Resident Beds |
|-----------|------------------------------|----------------------|---------------------|
| 1- NE     | 11'10" x 10' +<br>5" x 2' 5" | 130'                 | 2                   |
| 2- SE     | 11'10" x 11'                 | 130'                 | 2                   |

|             |                  |      |   |
|-------------|------------------|------|---|
|             |                  |      |   |
| 3- SW       | 12' 10" x 12'    | 154' | 2 |
| Living Room | 18' 7" x 12' 10" | 239' |   |
| Dining Room | 18' 4" x 12' 10" | 235' |   |

The indoor living and dining areas measure a total of 474 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged and/or mentally ill. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational programs or day programs and/or employment. Emergency transportation is available via 911 and additional transportation services will be established through the *Resident Care Agreement*. The applicant intends to accept referrals from Kalamazoo County Community Mental Health and/or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, local parks, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of the residents and increase their independence.

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

The applicant, Sulayman Aninure, is established in Michigan. 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.

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

Mr. Aninure and Ms. Wright-Aninure have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Aninure and Ms. Wright-Aninure are also the licensee and administrator of another successfully established adult foster care family home in 2015 working with aged and mentally ill individuals. Prior to, and during, that time Ms. Wright-Aninure has worked as a nurse. Mr. Aninure also has prior experience as a direct care worker working with mentally ill individuals.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff member for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that staff will be sleeping 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 acknowledged 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. 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 required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are 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(s) acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident 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 requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

#### **D. 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.

## RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.



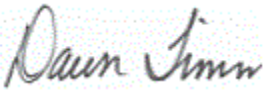
07/16/2018

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:



07/16/2018

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Dawn N. Timm  
Area Manager

Date