

### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

October 16, 2018

Dinah Owiti Radiant Star LLC 203 Pepperidge Lane Battle Creek, MI 49015

RE: Application #: AS130393042

Radiant Star LLC 203 Pepperidge Lane Battle Creek, MI 49015

Dear Ms. Owiti:

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,

Cassandra Duursma, Licensing Consultant Bureau of Community and Health Systems

322 E. Stockbridge Ave Kalamazoo, MI 49001 (269) 615-5050

Cassardra Duysono

enclosure



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

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License Application #: AS130393042

Applicant Name: Radiant Star LLC

**Applicant Address:** 203 Pepperidge Lane

Battle Creek, MI 49015

**Applicant Telephone #:** (269) 830-7252

Administrator: Jasper Mukwada

Licensee Designee: Dinah Owti

Name of Facility: Radiant Star LLC

**Facility Address:** 203 Pepperidge Lane

Battle Creek, MI 49015

**Facility Telephone #:** (269) 830-7252

Application Date: 02/28/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED



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#### II. METHODOLOGY

02/28/2018	Enrollment
03/12/2018	Contact - Document Sent Rule & ACT Books
03/12/2018	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Dinah Owiti and 1326 for Jasper Mukwada
04/09/2018	Contact - Document Received 1326/Fingerprint/RI 030 for Dinah Owiti
04/10/2018	Application Incomplete Letter Sent 1326 for Administrator Jasper Mukwada
05/04/2018	Contact - Document Received 1326 for Jasper Mukwada
05/07/2018	File Transferred To Field Office Lansing
05/14/2018	Application Incomplete Letter Sent
06/22/2018	Contact- Document Received Training and education verification
08/29/2018	Application Complete Onsite Needed
08/29/2018	Contact- Document Received Scheduling Onsite via email
09/07/2018	Inspection Completed- BCAL Full Compliance



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

#### A. Physical Description of Facility

Radiant Star LLC is a ranch style home located in a suburban neighborhood approximately three miles from downtown Battle Creek, MI. There are numerous restaurants and stores located within three miles of the home. Bronson Urgent Care and Bronson Internal Medicine are located approximately five miles from the home. The property is owned by Ms. Dinah Owiti. On file is a copy of the Warranty Deed.

There are two entrances at the front of the home. One entrance leads to an enclosed porch that connects the home to the garage. The second entrance leads to a small corridor near the sitting and living room. If entering through the enclosed porch, you will walk through a small hallway. To the left as you enter is a doorway that leads to the basement. The door to the basement is a 1 ¾-inch solid core door with an automatic self-closing device and positive latching hardware has been installed to create floor separation. The basement will not be utilized by residents.

Walking past the basement door, to the right you will enter the kitchen. The kitchen is roomy and houses a dining room table that has adequate seating for all residents. Through the dining room is a small sitting room. Through the sitting room is the hallway with the second entry door. Through the hallway is the spacious living room. Circling back through the home to the right of the hallway between the sitting and living room, is the semi-private full resident bathroom. The bathroom is located near a hallway that leads to two semi-private resident bedrooms. Back through the hallway and through the sitting room, to the right is a second hallway. This leads to two private resident bedrooms and a semi-private full resident bathroom. Both bathrooms in the home are available for resident use.

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. The home is not wheelchair accessible at this time.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with interconnected, hardwire smoke detectors with battery backup which have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all heat-producing equipment. The home has a gas-fired hot water heater and furnace, which are located in the home's basement. The basement will not be utilized by residents.



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

Bedroom #	Room	Total Square Footage	Total Resident Beds
	Dimensions		
1	11' x 8' 9"	96' 3"	1
2	11' x 8' 9"	96' 3"	1
3	13' x 10' 9" +	162' 2"	2
	8' x 2' 3"		
4	13' 6" x 11' 9"	158' 8"	2
Living Room	12' 3" x 12' 3"	150' 1"	
Sitting Room	10' x 12'	120'	

The living, dining, and sitting room areas measure a total of <u>270</u> 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 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 ambulatory residents, whose diagnosis is mentally ill, developmentally disabled, or physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents with private pay, as well as, community mental health referrals.

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 applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.



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#### C. Applicant and Administrator Qualifications

Radiant Star LLC is a limited liability company established on 11/16/2017. Ms. Dinah Owiti is listed as the resident agent for Radiant Star LLC. The LLC has appointed, in writing, the licensee designee to be Ms. Owiti and the administrator to be Mr. Jasper Mukwada.

The applicant has/have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and additional employment.

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

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Owiti and Mr. Mukwada have completed the required competency courses through Michigan Assisted Living Association, the Red Cross, and the American Heart Association. Ms. Owiti and Mr. Mukwada both have experience working multiple years at Kalamazoo Psychiatric Hospital. Mr. Mukwada is currently a nurse practitioner for the psychiatry department at a Community Mental Health agency. Ms. Owiti has experience working with the aged population, as well, and maintains her employment at Kalamazoo Psychiatric Hospital.

The staffing pattern for the original license of this <u>6</u> bed facility is adequate and includes a minimum of <u>1</u> staff for <u>6</u> residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order 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(s) has indicated that direct care staff will be asleep during the night shift but will remain on the main floor and accessible to residents.

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 <u>regular</u>, <u>ongoing</u> "direct access" to residents or resident information or both utilizing the Michigan



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Long Term Care Partnership website (<a href="www.miltcpartnership.org">www.miltcpartnership.org</a>) 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 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 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.



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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.

#### 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

Cassardia Duysamo

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of  $\underline{6}$ .

Cassarana Ban Willow	09/24/2018
Cassandra Duursma Licensing Consultant	Date
Approved By:  Dawn Jimm	10/16/2018
Dawn N. Timm Area Manager	Date