STATE OF MICHICAN

JOHN ENGLER, GOVERNOR

DEPARTMENT of CONSUMER and INDUSTRY SERVICES

P.O. Box 30650, Lansing, MI 48909-8150

Kathleen M. Wilbur, Director

05/03/99

DOCATE HOMES INC 5297 CLATO ST KALAMAZOO MI, 49004

> Re: CLATO MINOR AFC 5297 CLATO ST KALAMAZOO, MI 49004 #AS390085644

Dear DOCATE HOMES INC,

Attached is the Original Licensing Study for CLATO MINOR AFC. Based upon compliance with the Adult Foster Care Facilities Licensing Act (Act 218, P.A. of 1979, as amended) and the Administrative Rules for Adult Foster Care Small Group Homes, a temporary license is being issued.

The effective dates of the license are 04/01/1999 through 09/30/1999. with a maximum capacity of 0006 residents.

Please review all of the documents carefully.

Please feel free to contact me if you have any questions.

Sincerely,

JOHN KESTERIS

Licensing Consultant

Division of AFC Licensing

965 W. Milham

Portage MI, 49024

(616) 324-6411

cc: Central Records
Case File

LICENSING STUDY REPORT

I, LICENSING DATA

Facility Name:

Clato Minor AFC

Facility Address:

5297 Clato Street

Kalamazoo, Michigan 49004

Facility Telephone:

(616) 341-4263

Facility License Number:

AS390085644

Licensee Name:

Docate Homes, Inc.

Licensee Address:

5297 Clato Street

Kalamazoo, Michigan 49004

Licensee Telephone:

(616) 341-4263

Population Served:

Developmentally Disabled

Mentally Impaired

Zoning Authority:

Cooper Township

Environmental Certification: 04/23/98

Fire Safety Certification:

04/01/99

Original License Date:

04/01/99

Present License:

Type – Original

Effective Date - Same

Directory Information:

Capacity – 6

Age Range – 18 & up Gender – Male & Female

Barrier Free – No Smokers - Yes

Purpose of Study:

Original License

Date of On-site Inspection:

04/01/99

Licensing Rec0mmendation: Original/Temporary

Directions to Facility:

Mt. Olivet North to Tanda, left to the corner of

Clato

II. SUMMARY OF FINDINGS

The Study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing operation of Adult Foster Care Facilities. Included in the inspection was a review of policies and practices regarding resident care, resident programming, and Administrative Management as well as Fire and Environmental Safety. The findings of the on-site inspection are as follows:

A. Administrative Structure:

Docate Homes, Inc., is the Licensee. Thomas, Gado, and Grace Ongwela are the owners of the Facility. The primary caregiver is Paul Ongwela, who is also the designated responsible person.

A review of the application and support documents such as the Financial Statement and Medical Information Form indicate substantial compliance with the applicable Rules regarding Administrative Structure and capability of the Licensee.

B. Admission Criteria:

Thomas Ongwela, acting administrator, has filed an Admission Policy with the Department. The provider prefers to care for both men and women who are aged, mentally ill and developmentally disabled. Residents must be ambulatory and between the ages of eighteen and up. Smokers are accepted but is restricted to designated areas. Residents using wheelchairs cannot be accommodated. Private Pay persons and SSI recipients are accepted. Short-term care is available.

C. Facility Program:

Mr. Paul Ongwela will provide a General Program which includes basic self-care, habilitation training, and transportation. In addition to providing supervision and person care, various programs and activities are provided. They may include outings, arts and crafts, television, games, and social activities.

D. Physical Plant:

1. Physical Description of Facility:

The home is a raised ranch, wood frame structure. The upper level has three resident bedrooms, and one and a half baths, a kitchen, dining area, and a living room. The lower level has four bedrooms, a mechanical area, and a bath under construction. Once completed, the lower level will also be used for resident occupancy.

2. Fire Safety:

On 04/01/99, a Fire Safety inspection as completed. The Facility is in substantial compliance with Rules pertaining to Fire Safety.

3. Environmental Report:

On 04/01/99, an environmental inspection as completed. The Facility is in substantial compliance with Rules per5taining to Environmental Safety.

4. Emergency Procedures:

In accordance with Small Group Rules a written procedure in case of fire or other emergency is available. Emergency telephone numbers are posted near the telephone. Fire Drills are being held quarterly and are recorded on a regular basis.

5. Previous Violations Corrected:

As verified by the on-site inspection on 04/01/99, all physical plant non-compliance has been corrected.

E. Items of Non-Compliance with the Administrative Rules:

Quality of Care

Although this home was previously licensed as a Family Home, there are no residents in care and no Quality of Care deficiencies to be corrected. Resident files will be evaluated at the time of renewal of the license.

Physical Plant

Please note: Use of the lower level bedrooms by residents will be authorized only after the completion of work in the bathroom, laundry and furnace areas.

III. RECOMMENDATIONS

Based upon the Licensing Evaluation, I recommend that a Temporary License be issued for six (6) months.

The terms of the License will enable the Licensee to provide a General Program which consists of basic self-care, habilitation training, and transportation for six (6) residents.

It should be noted that Docate Homes, Inc., is planning to make application to change this facility to a Small Group (7-12) category sine the physical plant could accommodate more than six (6) residents.

7 7 4

Date

John Kesteris, AFC Licensing Consultant

Organia - 3414263

ADULT FOSTER CARE GROUP HOME WORKSHEET

()ORIGINAL ()RENEWAL

LICENS				LICENSE #	FAC	CILITY:
		ATION:				
DATES:					103(1)(bii)	Job Descriptions
- Barrier	[©] Applic	ation Rec	'd*		103(1)(biii)	Standard Procedures
	Fee Re				103(1)(biv)	Proposed Staff Pattern
	" Enroll:	ment			103(1)(bv)	Organizational Chart
L	Confir	med Rece	ipt of Ap	*q*		Current-Contracts
		ee Rights		•	103(1)(d)	Current Floor Plan*
	1st Ins	pection/C	onf Lette	er*	103(1)(d)	Number of Beds and
	LSR W	ritten*				Room Dimensions*
la.	Refere	nces*			103(1)(f)	Verify right to Occupy
		Rec'd	Sent	Rec'd	(-)(-)	or Lease
			-		103(1)(e)	Proposed Annual Budget*
		-			103(1)(h)	Current-Credit-History
					201(2)	Current Financial Info.*
1b.	Licensi	ng Clear	ances*	physics.	203/204	Training
101	Sent	Rec'd	Sent	Rec'd	301(6)	Resident Care Agreement
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					315(14)	Refund Agreement*
1c.	Medica	I/TB-Lice	ensee/Ad	m/	For Corporations:	
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2. INSPI	ECTION	S/APPR	OVALS		V-10-10-10-10-10-10-10-10-10-10-10-10-10-	-C2-7300-01-C27000
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	•	. desired				# of AFC Residents
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	•					
<u>Buildi</u>	ng/Elect	rial/Boile	r/Plumb	ing*		
(as ne	eded)				201(14)	Large Group Home Only:
						Qualified Person/Food
	eport Re					Prep
C	omplica	nce Achie	ved		206(4)	Emergency Contact
	-				,	Person
- Zonin	2: *				206(5)	Designee to Carry Out*
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		ce Achiev	ed	F	209(2)	List of Arrangements for
E	xeess. Co	oncen. Stu	idy Done	*		Emergency Repairs
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	(= 0 01	, ,				Plan
3. <u>DOCU</u>	MENTS	TO REC	<u>UEST</u>		304(1)(f)	Grievance Proced./if avail
1.0	02(1)(l)	L LI	use Rule	re-(if-pet)	6. <u>VARIANCES*</u>	
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TO ENSURE DELIVERY OF FUTURE DOCUMENTS, PLEASE NOTIFY YOUR AGENT IMMEDIATELY OF ANY ADDRESS CHANGES.

> NATIONS CREDIT PO BOX 81400 ATLANTA, GA 30066

Department #154501 Michigan Millers Mutual Ins Co PO BOX 55000 **DETROIT MI 48255-1545**

RETURN THIS STUB WITH PAYMENT

21317919471235000216000002160010109

 FOLD AND DETACH HERE RETURN THIS PORTION.						
ACCOUNT NUMBER INVOICE DATE DUE DATE MINIMUM DUE BALANCE DI 9194-71-23 (21317) 03/18/99 04/17/99 \$216.00 \$21						



P.O. Box 30060 Lansing MI 48909

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT BURNHAM & FLOWER AGENCY, INC. AT (616) 381-1173. THE INSURED: GADO ONGWELA

> 5297 CLATO ST KALAMAZOO, MI 49004

GRACE ONGWELA

POLICY NUMBER	DESCRIPTION	EFFECTIVE DATE	NEW AMO	NEW AMOUNTS	
9194-71-23	HOMEOWNERS	03/05/99	CREDITS/PAYMENTS	CHARGES	
1174 /1 23	PAYMENT - THANK YOU HOMEOWNERS NEW POLICY	03/11/99	\$191.00	\$407.00	

** NEW BUSINESS BILLING **

PLEASE ALLOW AT LEAST 5 DAYS FOR MAIL TIME, TO ENSURE YOUR PAYMENT IS RECEIVED BY THE DUE DATE.

THANK YOU FOR INSURING WITH MICHIGAN MILLERS --THE COMPANY YOU CAN COUNT ON.