



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2021

Esther Mwankenja  
Zanzibar Adult Foster Care, LLC  
5705 Potter St. Apt 1  
Haslett, MI 48840

RE: Application #: AS330406614  
**Zanzibar Adult Foster Care, LLC**  
**520 S. Holmes Street**  
**Lansing, MI 48912**

Dear Ms. Mwankenja:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330406614
<b>Applicant Name:</b>	Zanzibar Adult Foster Care, LLC
<b>Applicant Address:</b>	5705 Potter St. Apt 1 Haslett, MI 48840
<b>Applicant Telephone #:</b>	(517) 885-0716
<b>Administrator/Licensee Designee:</b>	Esther Mwankenja
<b>Name of Facility:</b>	Zanzibar Adult Foster Care, LLC
<b>Facility Address:</b>	520 S. Holmes Street Lansing, MI 48912
<b>Facility Telephone #:</b>	(517) 885-0716
<b>Application Date:</b>	11/20/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

11/20/2020	Enrollment
11/24/2020	Contact - Document Received Email from Shawn Mach, Attorney for Ms. Mwankenja re: Landlord approval
11/30/2020	Contact - Document Received IRS ltr
12/01/2020	Application Incomplete Letter Sent 1326 & AFC100 for Esther (LD & Admin)
12/04/2020	Contact - Document Received 1326 & AFC100 for Esther (LD & Admin)
12/21/2020	Contact - Document Received Email from Ms. Mwankenja re: physical and tb test
12/23/2020	Application Incomplete Letter Sent
01/15/2021	Application Complete/On-site Needed
01/27/2021	Inspection Completed On-site
01/27/2021	Inspection Completed-BCAL Sub. Compliance
01/27/2021	Contact - Document Received Email from Shawn Mach, re: floor plan
02/01/2021	Contact - Document Received Email from Ms. Mwankenja re: corrections to items from inspection
02/03/2021	Contact - Document Received Email from Ms. Mwankenja re: training transcript from CEICMH
02/05/2021	CAP Compliance Verification Corrections made, full compliance
02/09/2021	Inspection Completed-BCAL Full Compliance
02/09/2021	PSOR on Address Completed No hits at address
02/09/2021	Exit Conference With Esther Mwankenja, Licensee Designee/Administrator

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Zanzibar Adult Foster Care, LLC is a two-story vinyl siding home located in a residential neighborhood in the City of Lansing. Previously licensed under a different licensee in 2020, the facility has a paved driveway with space for visitor parking. On the first floor, the facility has two bedrooms designated for resident use and a full bathroom. There are two resident bedrooms and a full bathroom on the second floor of the home. The home also consists of a living room area, open floor plan with eat-in kitchen/dining area, and laundry room on the first floor. There are two exits on the main level of the home. The front exit is off the main living room and the back exit is located off the kitchen. There are no wheelchair ramps on either of the exits so the home is not wheelchair accessible. There is a steep staircase leading to the second floor of the home that any resident occupying a bedroom on the second floor of the home must be able to safely navigate. The home has public water and sewage.

The electric furnace and hot water heater are located in the basement of the home. Both were inspected on 02/01/2021 by a licensed service technician and found to be in good working condition. Floor separation between the basement and the main level of the home is created by a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in the living room, kitchen/dining area, each resident bedroom, the upstairs hallway, and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6" x 11'8"	110.83	1
2	9'9" x 9'1"	88.56	1
3	14' x 13"	182	2
4	10'3" x 15'6"	158.88	2
Living Room	17'6" x 13'6"	236.25	0
Kitchen/Dining Area	17'3" x 13'	224.25	0

The indoor living and dining areas measure a total of 460.50 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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 male and/or female residents who are aged and/or mentally ill. Program elements will aim to fulfill the social, emotional, and spiritual needs of residents. Organized and impromptu social gatherings centered on daily meals, games, arts and crafts, exercise, birthday parties, holidays, and other group activities will be a daily part of the choice residents will have on how to spend their time. Whenever possible, personal interests will be coordinated into group and individual activities, such as gardening or enjoying the company of a therapy animal. The applicant intends to accept referrals from Community Mental Health of Clinton, Eaton, and Ingham Counties, Department of Health and Human Services and other referral sources. 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 Lansing community resources for activities including the public schools, libraries, and shopping centers. The applicant aims to provide opportunities for spiritual support and studies through churches and other worship centers in the local area. As applicable, families will be kept well informed of any physical or mental changes that may occur with their loved ones. These resources and communication with family will provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Zanzibar Adult Foster Care L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 09/15/2020. 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 Zanzibar Adult Foster Care L.L.C., have submitted documentation appointing Esther Mwankenja as licensee designee and administrator for this facility.

Criminal history background checks of the applicant/administrator were completed, and Ms. Mwankenja was determined to be of good moral character to provide licensed adult foster care. Ms. Mwankenja submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Mwankenja provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Mwankenja is a Certified Nurse Aide (CNA) who holds a practical nursing diploma and Nurse Aid Certificate from Lansing Community College. Ms. Mwankenja has worked at a variety of senior assisted living centers since 2012, to include Burcham Hills Assisted Living, Medilodge of East Lansing, and Willows of Okemos. At these facilities, Ms. Mwankenja has performed vital signs, assisted residents with personal care, feeding, grooming,

physical activities, passed medications, repositioned residents for wound care, and assisted resident during transportation in the community. Ms. Mwankenja provided documentation of training completed through CEICMH to include Person Centered Planning, Environmental Safety, Bloodborne Pathogens, Nutrition, and Trauma Informed Care. Ms. Mwankenja provided documentation for certification in CPR/First Aide.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Ms. Mwankenja acknowledged that the staff-to-resident ratio may need to be increased 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. Ms. Mwankenja has indicated that direct care staff will be awake during sleeping hours.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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 licensee designee Esther Mwankenja will administer medication to residents. In addition, the Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Mwankenja 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.

Ms. Mwankenja acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Ms. Mwankenja acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 the residents' personal money transactions that have been agreed to be managed by the applicant.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

**IV. RECOMMENDATION**

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



02/09/2021

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Derrick Britton  
Licensing Consultant

Date

Approved By:



02/17/2021

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Dawn N. Timm  
Area Manager

Date