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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 15, 2021

Rose Ogolla
Precious Care Assisted Living, LLC
720 W. Walnut Street
Kalamazoo, MI 49007

RE: Application #: AS800406123
Keeler Assisted Living
93490 M152
Dowagiac, MI 49047

Dear Ms. Ogolla:

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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800406123
Applicant Name:	Precious Care Assisted Living, LLC
Applicant Address:	720 W. Walnut Street Kalamazoo, MI 49007
Applicant Telephone #:	(269) 414-8013
Administrator	Rose Ogolla
Licensee Designee:	Rose Ogolla
Name of Facility:	Keeler Assisted Living
Facility Address:	93490 M152 Dowagiac, MI 49047
Facility Telephone #:	(269) 414-8013
Application Date:	10/13/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/13/2020	Enrollment
10/13/2020	Inspection Report Requested - Health 1030983
10/13/2020	File Transferred To Field Office Lansing
10/22/2020	Application Incomplete Letter Sent
10/27/2020	Inspection Completed – Env. Health: A
12/23/2020	Inspection Completed On-site
12/23/2020	Inspection Completed-BCAL Sub. Compliance
02/08/2021	Contact - Document Received Received via email corrective action plan pertaining to confirming ltr, emergency procedures, floor plan, heating and electrical inspection, and variance request.
08/03/2021	Contact - Document Received Received follow-up email from LD requesting licensure asap. She resubmitted documentation from February.
08/06/2021	Comment Reviewed documentation from LD, determined additional documents were needed.
08/06/2021	Inspection Completed-BCAL Sub. Compliance Reviewed documentation and need additional items.
08/11/2021	Contact - Document Received Received documentation holes had been patched and carpet in entryway had been removed. Received documentation confirming LD's educational history and resume. Also received biennial budget.
08/13/2021	Contact - Document Sent Sent a follow up letter indicating the additional information I needed from the LD.
08/19/2021	Contact - Document Received Received fence variance request information
08/20/2021	Contact - Document Received Received residential lease contracts.

08/23/2021	Contact – Document Received TBI and Alzheimer's training for LD
08/27/2021	Contact – Document Received Received updated floor plan
09/10/2021	Contact – Document Received Received electrical certification
09/16/2021	Contact – Document Received Written permission from owner to utilize facility as AFC
09/24/2021	Contact – Document Received Received smoke alarm inspection
10/13/2021	Contact – Document Received Received updated program statement to reflect variance request

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style house with a full basement and attached two car garage located in a rural area near Dowagiac, Michigan. It has four resident bedrooms, a living room, an enclosed porch, a kitchen, dining room, and one resident bathroom, which includes a toilet, sink and tub/shower. There is a ramp on the front and back of the facility making the facility wheelchair accessible due to having two approved means of egress. Residents will occupy the main floor only; however, there is a finished basement that has several rooms for storage, a staff office, a staff bedroom and a staff bathroom. This basement area will not be used regularly by residents. Due to the facility's rural location, it utilizes private water and septic system. Van Buren/Cass County Environmental Health Department conducted an inspection on 10/27/2020 and determined the facility was in compliance with all applicable rules.

There are privacy fences on the front and back of the facility with gates for each fenced in area. The licensee has requested a variance in order to lock these gates due to the facility's close location to a busy road and to prevent potential elopements from residents. The distance from the front door of the facility to the front gate is approximately 20 feet while the distance from the back door of the facility to the back gate is approximately 70 feet. The locks on both gates require either a key or a key code to exit, which will be known to both staff and to residents who do not require a secure facility. The gate does not lock from the outside; therefore, visitors, residents, and emergency personnel are able to enter the gate and the facility without needing a key or code.

The basement has a clothes washer/dryer and a gas-fired furnace and water heater. A 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware is located at top of the stairs to create floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. On file is verification the furnace and smoke detection system were inspected and approved by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 12'	144 sq ft	2
2	10' x 12'	120 sq ft	1
3	12' x 10'3"	123 sq ft	1
4	13' x 13'	169 sq ft	2

The living, dining, and sitting room areas measure a total of 725 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

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, traumatically brain injured or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local Department of Health and Human Services, Community Mental Health agencies, or private pay individuals as a referral source.

The applicant has also submitted a specialized certification application to work with individuals diagnosed with a mental illness or developmental disability.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Precious Care Assisted Living, LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/05/2017. 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 Precious Care Assisted Living, LLC submitted documentation appointing Rose Ogolla as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Rose Ogolla submitted a statement from a physician documenting her good health and current TB results. The licensee designee/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ogolla has owned and operated Adult Foster Care facilities in the surrounding area since 2013, which have focused on providing care to adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, traumatically brain injured or aged. Prior to operating Adult Foster Care facilities, she worked as a certified nursing assistant and medication aide in an adult foster care setting.

Though the applicant is Precious Care Assisted Living, LLC the owner of the facility is Gado Ongwela who submitted a letter providing permission for Precious Care Assisted Living, LLC to use the property for an adult foster care facility. Mr. Gado Ongwela indicated in his letter Mr. Thomas Ongwela will continue to have fiduciary responsibility in managing any business transaction with the property or any other property owned by an Ongwela family member. Mr. Thomas Ongwela submitted documentation indicating he also gave Ms. Rose Ogolla permission to lease the property with the intent to purchase it.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake 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 acknowledges 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 acknowledges their 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 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 applicant acknowledges their 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 applicant acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

Cathy Cushman

10/29/2021

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

11/15/2021

Dawn N. Timm
Area Manager

Date