



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 4, 2022

Elsabeth Engeda
Kalkidan AFC LLC
4464 Hickorywood Drive
Okemos, MI 48864

RE: Application #: AM330405074
Kalkidan AFC 2
5340 Park Lake Road
East Lansing, MI 48823

Dear Ms. Engeda:

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 10 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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM330405074
Applicant Name:	Kalkidan AFC LLC
Applicant Address:	5340 Park Lake Road East Lansing, MI 48823
Applicant Telephone #:	(517) 402-6191
Administrator/Licensee Designee:	Elsabeth Engeda
Name of Facility:	Kalkidan AFC 2
Facility Address:	5340 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(517) 402-6191
Application Date:	07/16/2020
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/14/2020	Contact - Document Received-IRS ltr
07/16/2020	Enrollment
07/26/2020	Contact - Document Received Email from Elisabeth Engeda re: application documents
07/31/2020	Contact - Document Received 1326 & RI-030 for Elisabeth (LD & Admin)
07/31/2020	Contact - Document Sent Fire Safety String
10/02/2020	Contact - Document Received Special Use Permit states no more than 10 residents.
10/09/2020	Contact - Document Received-Email from Elisabeth Engeda re: special use permit documentation
10/21/2020	Application Incomplete Letter Sent
10/21/2020	Contact - Document Sent-Email to Brian Davis re: BFS inspection
10/22/2020	Contact - Document Sent-Email to Elisabeth Engeda re: contacting BFS for sprinkler and fire system information
04/16/2021	Contact - Document Sent-Email to Elisabeth Engeda re: status of Application Incomplete items, zoning approval and sprinkler system update
05/05/2021	Contact - Document Received-Email from Brian Davis, Fire Marshall Inspector re: fire inspection
05/07/2021	Inspection Completed On-site
06/14/2021	Contact - Document Received-Email from Brian Davis re: the sprinkler system not passing inspection and water supply issue with Meridian Township
09/28/2021	Inspection Completed-Fire Safety A: Received 10/28/2021.
03/27/2022	Inspection Completed On-site
03/27/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large brick and siding tri-level home. The facility is located in a residential neighborhood in East Lansing, Michigan in close proximity to malls, parks, and museums. The facility has a paved driveway with a two-car attached garage. The facility has two living room areas, a dining room, kitchen, six resident bedrooms, and three full resident bathrooms. The basement includes a living room, bedroom, laundry room and one full bathroom occupied by live-in staff. The home is wheelchair accessible with bedroom #1 and #2 being accessible to residents with the use of a wheelchair. One full bathroom is also accessible to residents with the use of a wheelchair and the facility can accommodate wheelchairs moving throughout the facility. The home has two approved means of egress that are equipped with ramps from the first floor.

There is a gas furnace and water heater located in the basement of the home. The door to the basement is equipped with a 1-3/4 inch solid core door with automatic, self-closing and positive latching hardware. The door is hung in a fully stopped wooden frame located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the home. The facility is equipped with fire extinguishers which are located on each floor of the home. On 09/28/2021, the Bureau of Fire Services inspected the facility and determined it to be in substantial compliance with applicable fire safety rules. The facility has public water and sewer and was determined to be in full compliance with other environmental health rules during the on-site inspection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8" x 17'8"	210.04 sq ft	2
2	11'5" x 11'8"	136.08 sq ft	2
3	11'3" x 13'6"	153.94 sq ft	1
4	10'6" x 11'2"	118.18 sq ft	1
5	11'3" x 13'8"	155.83 sq ft	2
6	12'9" x 14'1"	181.91 sq ft	2

The living, dining, and sitting room areas measure a total of 904 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 **ten (10)** 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 ten (10) male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mental illness, aged and/or physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The facility will allow residents the opportunity participate in outdoor activities and activities in the community which can include walking and outdoor picnics. 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 Ingham County-DHHS, Ingham County CMH, or private pay individuals as a referral source.

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 Kalkidan AFC, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 2/12/2015. 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 Kalkidan, L.L.C. have submitted documentation appointing Elisabeth Engeda as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Engeda. Ms. Engeda submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Engeda have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Engeda has a bachelor's degree in nursing and is a registered nurse. Ms. Engeda has over 13 years

of experience working with developmentally disabled, mentally ill, aged and/or individuals diagnosed with physical handicaps in an AFC setting.

The staffing pattern for the original license of this 10 bed facility is adequate and includes a minimum of 1 staff to 10 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 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 temporary license for a medium group home facility with a capacity of ten (10) residents.



— Ondrea Johnson
Licensing Consultant

4/3/2022
Date

Approved By:



04/04/2022

Dawn N. Timm
Area Manager

Date