



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 1, 2022

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

RE: Application #: AS390406106
Comstock Assisted Living
1155 N. 26th St.
Kalamazoo, MI 49004

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 adult foster care license and special certification for the developmentally disabled and mentally ill populations, a maximum capacity of 6 are 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 #: AS390406106

Licensee Name: Precious Care Assisted Living, LLC

Licensee Address: 720 W. Walnut Street
Kalamazoo, MI 49007

Licensee Telephone #: (269) 414-8013

Administrator Rose Ogolla

Licensee Designee: Rose Ogolla

Name of Facility: Comstock Assisted Living

Facility Address: 1155 N. 26th St.
Kalamazoo, MI 49004

Facility Telephone #: (269) 365-9698

Application Date: 10/12/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/12/2020	On-Line Enrollment
10/13/2020	File Transferred To Field Office Lansing
10/22/2020	Application Incomplete Letter Sent
11/06/2020	Inspection Completed-Env. Health : A
11/16/2020	Contact - Document Received Received program statement and bank statements.
11/18/2020	Contact - Document Received Received floor plans, training, verification of special cert contracts with CMH's.
02/04/2021	Contact - Document Sent Despite not having all the documentation from the licensee designee, I sent an email requesting to complete the on-site inspection for the original license.
02/17/2021	Inspection Completed On-site
02/22/2021	Contact - Document Sent Sent the confirming letter via email.
07/28/2021	Contact - Document Received Received email from licensee designee requesting licensure as she resubmitted the program, admission, refund, discharge, and personnel policies. She also resent staffing ratio, job description and organizational chart.
08/24/2021	Contact - Document Received updated emergency plan
08/24/2021	Contact - Document Received variance request for locked fence
09/24/2021	Contact - Document Received smoke alarm inspection
11/03/2021	Contact - Document Received Pictures of CAP compliance from last on-site
01/11/2022	Contact - Document Received Received confirmation of fingerprints through WBC

02/06/2022	Application Complete/On-site Needed
02/22/2022	Contact – Document Received Received updated medical statement
03/14/2022	Contact – Document Received Received additional fire door information

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story house situated off the road, in a wooded lot, in Comstock Township of Kalamazoo County, which is approximately 5 miles East of downtown Kalamazoo and one mile from downtown Comstock. Downtown Comstock has a variety of businesses from restaurants and professional services to entertainment and personal care services. Due to the location of the facility, the Kalamazoo County Environmental Health Department inspected the facility's private water and sewage disposal system on 11/06/2020 and determined it was in substantial compliance with applicable rules.

The facility has two front doors, which are both located on the Southeast side of the house. These first entrance, which is wheelchair accessible, enters a large recreation/sitting area. There are two rooms off this area, which will be used for storage and potentially a live in staff bedroom. The second entrance, which is also wheelchair accessible, opens into a foyer and the facility's other living room. Off the living room is a dining room, the kitchen, and a hallway. Four resident bedrooms and two full bathrooms are in this hallway. Each bathroom includes a toilet, sink and shower/bath.

From the living room you can access the large recreation/sitting room through a door which has a ramp allowing wheelchair accessibility. The living room also has stairs to the facility's lower level. The lower level has a living/sitting area, a kitchen, which will be primarily for resident snacks, a full bathroom (toilet, sink and shower), a half bathroom (toilet and sink), the facility's laundry utilities, the furnace room and a hallway where three bedrooms are located. The licensee designee indicated one of these bedrooms may be utilized for live in staff. There are two exits on the lower level with one being off the living/sitting room and the second exit at the end of the hallway past the bedrooms.

The facility has a privacy fence off both levels of the facility with gates. The distance from the facility's furthest front door to the gate is approximately 20 feet. The distance from the front door off the large recreation/sitting room to the gate is approximately 6 feet. The lower level area only has one fence area and gate, which is located off the living/sitting room fire exit door. The fence is approximately 10 feet from this living/sitting room door to the gate. The second fire exit door, which is located at the end of the lower level hallway, does not have a fence or gate beyond the door. Attached to this

door is an alarm system, which when opened, will alert staff of any residents eloping from the facility.

It is the intention of the licensee to request a variance to have the privacy fences and gates locked due to the needs of the residents who have elopement risks and the facility being near a highly trafficked road. The licensee has indicated there will be coded pads, with the option of key entry, on the gates. The codes will be provided to visitors and to residents who do not require a locked facility. Additionally, having the gate locked will not prevent visitors and emergency personnel from accessing the facility as they will be able to press down on the door lock handle and enter freely.

The gas furnace and electric hot water heater are located on the lower level of the facility in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. There is also a fire door at the top of the facility's stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician, is fully operational, and in good working condition. The licensee designee submitted documentation on 09/17/2021 confirming this inspection and approval. Interior finishes have been determined to meet at least "Class C" fire ratings. The facility does have a fireplace, but the licensee designee indicated it would not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'7" x 12'2"	153 sq ft	1 or 2
2	12' x 12'	169 sq ft	1 or 2
3	12' x 12'	169 sq ft	1 or 2
4	12' x 12'	169 sq ft	1 or 2
5	12'10" x 11'6"	147 sq ft	1 or 2
6	20'7" x 11'	226 sq ft	1 or 2
7	14'6" x 12'	174 sq ft	1 or 2

The living, dining, and sitting room areas measure a total of 1021 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 adults whose diagnosis is physically handicapped, aged, traumatically brain injured, mentally ill, and developmentally disabled, 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, Area Agency on Aging, or private pay individuals as referral sources. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of the mentally ill and developmentally disabled populations, as set forth in their *Assessment Plans for AFC Residents* and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment.

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 according to the resident's Resident Care Agreement. 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 Alzheimer's, 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 Thomas Ongwela. Mr. Ongwela submitted documentation indicating he 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.

III. RECOMMENDATION

I recommend the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of six (6).

Cathy Cushman

03/15/2022

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

04/01/2022

Dawn N. Timm
Area Manager

Date