



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 11, 2022

Jasper Mukwada
Zimshine LLC
7483 W Q Ave
Kalamazoo, MI 49009

RE: Application #: AS390409454
Zimshine LLC
7483W Q Ave
Kalamazoo, MI 49009

Dear Mr. Mukwada:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390409454

Applicant Name: Zimshine LLC

Applicant Address: 7483 W Q Ave
Kalamazoo, MI 49009

Applicant Telephone #: (269) 267-9739

Licensee Designee: Jasper Mukwada

Administrator: Dinah Owiti

Name of Facility: Zimshine LLC

Facility Address: 7483W Q Ave
Kalamazoo, MI 49009

Facility Telephone #: (269) 267-9739
07/05/2021

Application Date:

Capacity: 6

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

II. METHODOLOGY

07/05/2021	Enrollment Online App Download failure
07/13/2021	Inspection Report Requested - Health Invoice No : 1031786
07/13/2021	Application Incomplete Letter Sent RI030 for Jasper, Tax ID
07/13/2021	Contact - Document Sent RI030
07/14/2021	Contact - Document Received Tax ID Letter
07/14/2021	Comment Corp app needed
08/04/2021	Contact - Document Received RI030
09/23/2021	Application Incomplete Letter Sent
02/07/2022	Inspection Completed On-site
02/07/2022	Inspection Completed-BCAL Sub. Compliance
02/07/2022	Confirming Letter Sent.
02/09/2022	Letter of Compliance – Well Replacement.
02/15/2022	Furnace Inspection Completed, 02/15/2022.
02/15/2022	Inspection Completed BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility a single-story ranch home located in Texas Township of Kalamazoo County and approximately 3.2 miles from Borgess at Woodbridge Hills. There are multiple restaurants and convenience stores, as well as several churches located within three miles of the home. Staff and visitor parking are located near the front entry of the home on a paved lot in addition to curbside parking.

On the main floor is one full bathroom, one half bath, a large living room and dining area, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single, private resident bedrooms, each with a half bath. The home has a basement that will not be used by residents. The entrance of the home is at ground level. A second entrance/exit located behind the home includes a wheelchair accessible ramp that extends across the length of the home to solid unobstructed ground. The home is wheelchair accessible with these two approved means of egress.

The facility utilizes a private water and septic systems. The Kalamazoo County Health and Community Services Department inspected the well at this facility and found it to be less than 12" above grade. It was also identified that the well for this facility is only 35 feet from a gravity sewer line. The report issued from that department stated within the corrective actions section that "when a new well is required, the new well should be relocated to 75 feet or more from the municipal sewer line." The applicant has agreed in writing to bring the well up to current health department code prior to the upcoming two year renewal inspection. A variance addressing this issue has been approved and expires 30 months from the issuance of this license.

The gas furnace and water heater are in the basement which is accessible through the main floor hallway. A 1 3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the hallway, creating floor separation.

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.

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 9'	108	1
2	12' X 10'	120	1
3	12' X 12', 3' X 7'	165	1
4	12' X 12'	144	1
5	12' X 10'	120	1
6	13' X 17', 11' X 3'	254	1

The indoor living and dining areas measure a total of 324 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 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 and/or female ambulatory and non-ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, aged, traumatically brain injured, Alzheimer's, or mentally ill, 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. Residents will be referred primarily from Summit Pointe.

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 community resources for recreational activities including those listed above. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Zimshine LLC, which is a "For Profit Corporation", established in Michigan, on 06/28/2021. 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 Board of Directors of Zimshine LLC. have submitted documentation appointing Jasper Mukwada as Licensee Designee and Dinah Owiti as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Jasper Mukwada and Dinah Owiti. Jasper Mukwada and Dinah Owiti submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Jasper Mukwada and Dinah Owiti have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Jasper Mukwada is currently the administrator for another licensed AFC facility and Dinah Owiti currently the licensee designee for another licensed AFC facility. Jasper Mukwada and Dinah Owiti have provided direct care services to the physically handicapped, traumatically brain injured, developmentally disabled, mentally ill, Alzheimer's and aged populations for several years.

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. The applicants acknowledged that the staff to resident ratio may need to be decreased 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. The applicants have indicated that direct care staff will be awake during sleeping hours.

The applicants 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.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledged 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) and the related documents required to demonstrate compliance.

The applicants 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 the licensees will administer medication to residents. In addition, the applicants have 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 applicants 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 applicants 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.

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

The applicants 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.

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

The applicants 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 applicants indicated the intent to respect and safeguard these resident rights.

The applicants 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.

The applicants 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.

The applicants 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 small group home (capacity 6)

 02/28/2022

Eli DeLeon Date
Licensing Consultant

Approved By:

 03/11/2022

Dawn N. Timm Date
Area Manager