



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 17, 2022

Regina Mugo  
6710 Evergreen St.  
Portage, MI 49024

RE: Application #: AF390411768  
**Ideal Treasure Care AFC**  
**6710 Evergreen St.**  
**Portage, MI 49024**

Dear Ms. Mugo:

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 4 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**

<b>License #:</b>	AF390411768
<b>Applicant Name:</b>	Regina Mugo
<b>Applicant Address:</b>	6710 Evergreen St. Portage, MI 49024
<b>Applicant Telephone #:</b>	(269) 461-5515
<b>Administrator</b>	N/A
<b>Licensee:</b>	Regina Mugo
<b>Name of Facility:</b>	Ideal Treasure Care AFC
<b>Facility Address:</b>	6710 Evergreen St. Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 461-5515
<b>Application Date:</b>	02/14/2022
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/14/2022	Enrollment
02/17/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Regina Mugo and AFC 100 for AHM
03/01/2022	Contact - Document Received 1326/RI 030 for Regina and AFC 100 for Responsible Person
03/08/2022	PSOR on Address Completed
03/10/2022	File Transferred To Field Office Lansing via SharePoint
03/14/2022	Application Incomplete Letter Sent
03/21/2022	Contact - Document Received Received medical clearance, evacuation plan, house guidelines, and property tax statement
04/18/2022	Contact - Document Sent Sent email to schedule on-site inspection. Sent SC app(original), SC rules, and family home worksheets. Indicated what is required for SC.
04/24/2022	Contact - Document Received Received smoke detector inspection and training info
04/28/2022	Contact - Document Sent Sent email to licensee requesting additional information was needed for specialized certification. Also requested she complete BCHS 100 for husband, who is listed a household member on app. Indicated I contacted electrician via email requesting confirmation the smoke detectors are interconnected and hardwired as required.
04/28/2022	Contact - Document Sent Email to electrician requesting if he can confirm the smoke detectors in facility are hard wired and interconnected as his invoice did not indicate other than interconnected.
04/28/2022	Contact - Document Received Received updated Special certification original app. Received updated electrical inspection invoice. Received house guidelines.
05/02/2022	Inspection Completed On-site

05/02/2022	Inspection Completed-BCAL Sub. Compliance
05/02/2022	Confirming letter sent Sent letter via email
05/02/2022	Inspection Completed-Env. Health : A Completed by AFC Consultant
05/07/2022	Contact – Document Received Via email, copy of updated evac plan, pictures of mud room and bedroom #1 with drywall, handrail in mudroom, and metal dryer vent.
05/13/2022	Inspection Completed On-site Verified smoke alarms were interconnected, as required. Observed drywall in bedroom #1 and in mudroom.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a ranch style brick home in a well-established neighborhood of Portage, Michigan. Proof of ownership is on file. The facility is within minutes of driving to shopping centers, stores, parks, a local pool, and restaurants. Due to the facility's location, it utilizes public water supply and sewage disposal system. The facility is not wheelchair accessible.

The facility's main level consists of a living room, dining room, and kitchen. There is a gas fireplace in the living room; however, the licensee indicated this fireplace will not be utilized. There is a hallway between the living room and dining that has three resident bedrooms and a bathroom. The bathroom in this hallway consists of a sink, toilet, and tub/shower. Resident bedroom #2 in this hallway consists of a full bath, as well, which has a stand-up shower, sink, and toilet. This bathroom will only be utilized by the resident utilizing bedroom #2. Through the kitchen and down two steps is a small mudroom. In the mudroom are doors to the backyard, to resident bedroom #1, the garage, and the facility's finished basement.

The licensee and her family will reside in the facility's basement. The basement consists of a large living space, two bedrooms with egress windows, a full bathroom (sink, toilet, tub/shower), laundry facilities, and the furnace/water heater. There is also another fireplace in the basement's living space; however, the licensee indicated this fireplace will not be utilized. The license indicated the basement will not be accessible to residents unless a resident is completing laundry.

The facility also has a wooden deck in the backyard that connects to the dining room. The backyard is enclosed with a four-foot chain link fence; however, this fence is non locking against egress.

The facility's gas water heater and furnace are in the basement. The licensee created floor separation by installing a fire door at the top of the stairs, which is equipped with 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4" x 9'7"	127 sq ft	1
2	12' x 10'1	121 sq ft	1
3	10'6" x 9'6"	99 sq ft	1
4	8'6" x 10'9"	90 sq ft	1

The indoor living and dining areas measure a total of 387 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 4 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 4 male and/or female residents who are mentally ill and/or developmentally disabled.

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these 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. The program will include social interaction skills, personal hygiene, personal adjustment skills, independent living skills, opportunities for involvement in educational or day programs/employment, transportation, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible

agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local libraries, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

### **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant, Regina Mugo, and responsible person, Beden Mukundi, were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results. Ms. Mugo has worked at least two years for a local Adult Foster Care small group facility, providing her with years of experience working with vulnerable adults with developmental disabilities and mental illness. She has also completed training with Integrated Services of Kalamazoo.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, along with outside employment.

The applicant acknowledged the requirement the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicated resident medication will be

stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged 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 the issuance of a six-month temporary family home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of five (4) residents.



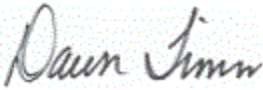
05/13/2022

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



05/17/2022

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Dawn N. Timm  
Area Manager

Date