



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2022

Esther Mulili
Nyumbani AFC II LLC
5455 Lucerne Ave.
Kalamazoo, MI 49048

RE: Application #: AS130405458
Nyumbani AFC II
12 E Langely Rd
Battle Creek, MI 49015

Dear Ms. Mulili:

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 #:	AS130405458
Licensee Name:	Nyumbani AFC II LLC
Licensee Address:	5455 Lucerne Ave. Kalamazoo, MI 49048
Licensee Telephone #:	(269) 779-8794
Licensee Designee:	Esther Mulili
Administrator:	Esther Mulili
Name of Facility:	Nyumbani AFC II
Facility Address:	12 E Langely Rd Battle Creek, MI 49015
Facility Telephone #:	(269) 779-8794 08/17/2020
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/17/2020	On-Line Enrollment
08/19/2020	Inspection Report Requested - Health 1030830
08/20/2020	Contact - Document Received AFC 100 for Esther Mulili
10/15/2020	Inspection Completed-Env. Health : A
10/21/2020	Contact - Document Received 1326/Fingerprint/RI 030 for Emmanuel & Esther Mulili
10/28/2020	Application Incomplete Letter Sent Change from Group to Corporation
10/29/2020	Contact - Document Received Corporate Application
10/29/2020	File Transferred To Field Office Lansing
11/17/2020	Application Incomplete Letter Sent
03/24/2022	Contact-Documentation Received -Budget Expense Report, Consumer Residency Agreement, Job Description, Emergency Plan, Program Statement, Employee Handbook.
05/16/2022	Inspection Completed On-site.
05/16/2022	Contact-Documentation Received -Furnace Inspection, 01/31/2022.
05/17/2022	Confirming Letter Sent.
05/23/2022	Contact-Documentation Received
06/01/2022	Inspection Completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility a single-story brick exterior ranch home located in the City of Battle Creek and approximately 5 miles from Bronson Battle Creek Hospital. 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 driveway in addition to curbside parking.

On the main floor is one full bathroom, a large living room and dining area, kitchen, and three resident bedrooms. Each of the three resident bedrooms will have no more than two residents. The home has no basement and is slab built. Steps are present at the front and rear entrances of this facility as the home is not wheelchair accessible. The home utilizes public water and sewage disposal system.

The gas furnace and water heater are located in a utility room on the main floor which is accessible through an equivalent 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware installed in a fully stopped wood frame leading to the utility room from the kitchen and from the front entrance 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	12'4"X13'7"	167	2
2	11'3"X15'6"	174	2
3	13'10"X10'01"	139	2

The indoor living and dining areas measure a total of 448 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 adults whose diagnosis is aged, developmentally disabled, 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 Nyumbani AFC II LLC, which is a "For Profit Corporation", established in Michigan, on 10/06/2020. 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 Nyumbani AFC II LLC have submitted documentation appointing Esther Mulili as Licensee Designee and as administrator for this facility.

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

Esther Mulili provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Esther Mulili is currently the administrator for another licensed AFC facility. Esther Mulili has provided direct care services to the developmentally disabled, mentally ill, 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 applicant 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 applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 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) and the related documents required to demonstrate compliance.

The applicant 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 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 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 applicant 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 applicant 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 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 follow the retention schedule for all of the documents that are 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 resident personal money transactions that have been agreed to be managed by the applicant.

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

The applicant 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 applicant 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 applicant 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 with a capacity of six residents.



06/08/2022

Eli DeLeon
Licensing Consultant

Date

Approved By:



06/16/2022

Dawn N. Timm
Area Manager

Date