



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 12, 2022

Beata Mpesha
Beata Mpesha
3475 Crystal River Street
Wyoming, MI 49418

RE: Application #: AS410414579
Adia AFC
3981 Wedgewood Dr SW
Wyoming, MI 49519

Dear Ms. Mpesha:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410414579
Licensee Name:	Beata Mpesha
Licensee Address:	3475 Crystal River Street Wyoming, MI 49418
Licensee Telephone #:	(616) 856-0163
Administrator/Licensee Designee:	Beata Mpesha, Designee
Name of Facility:	Adia AFC
Facility Address:	3981 Wedgewood Dr SW Wyoming, MI 49519
Facility Telephone #:	(616) 856-0163
Application Date:	10/24/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/24/2022	On-Line Enrollment
10/28/2022	Application Incomplete Letter Sent App Incomplete Ltr sent w/1326, AFC-100, and RI-030
11/07/2022	Contact - Document Received received BCAL-3704 for Mary and Beata
11/14/2022	Contact - Document Received Received 1326 and AFC-100
11/18/2022	Contact - Document Received Receipt for prints rec'vd.
11/22/2022	Comment Sent request to have fingerprints uploaded.
12/01/2022	PSOR on Address Completed
12/02/2022	Application Incomplete Letter Sent
12/09/2022	Application Complete/On-site Needed
12/09/2022	Inspection Completed-Env. Health : A
12/09/2022	Inspection Completed-Fire Safety : A
12/09/2022	Inspection Completed On-site
12/09/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Adia AFC 2, which is located at 3981 Wedgewood Dr SW Wyoming Mi 49519, Kent County, Michigan, is owned by Beata Mpesha LLC. The home is a two story home that sits in an urban neighborhood. It has a two stall attached garage. The home has vinyl siding. The home has adequate parking for approximately two vehicles. The home has five bedrooms and 2.5 bathrooms. The home contains a kitchen, dining area, laundry room, half bathroom, and two living rooms on the main floor. The second floor contains five bedrooms and two full bathrooms. The home has a basement that residents do not utilize. The laundry appliances are located in a separate laundry room on the main floor.

The hot water heater and furnace are located in the unfinished basement. The basement and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery operated smoke detection and are fully operational. The system was tested upon the final inspection on 12/09/2022 and worked properly. There at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.11 X 19.03	210	2
2	9.03 X 12.01	111	1
3	9.10 X 11.04	111	1
4	13.06 X 10	135	2
5	13.01 X 9	117	1

Total Capacity: 6

The living and dining room areas measure a total of 616 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping and property are maintained in appropriate condition.

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 adults aged 18 years to 64, who may be diagnosed with a developmental disability 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Adia AFC will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

C. Applicant and Administrator Qualifications

Beata Mpesha is the Licensee Designee for this home. Medical and Record Clearance requests for Beata Mpesha were completed with no restrictions noted on either. Her TB-test results were negative.

Beata Mpesha has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five-bed facility is 1-staff- to-6 residents at all times.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Beata Mpesha, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

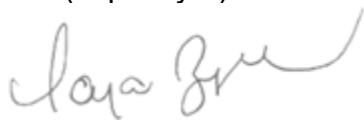
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 to this AFC adult small group home (capacity 6).



12/12/2022

Toya Zylstra, Licensing Consultant

Date

Approved By:



12/12/2022

Jerry Hendrick, Area Manager

Date

