



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 24, 2023

Teziah Manumbu  
179 Lynn Drive  
Battle Creek, MI 49037

RE: Application #: AS130415473  
**Stephens Home**  
**146 Fenton St.**  
**Battle Creek, MI 49037**

Dear Mrs. Manumbu:

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 4 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,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS130415473
<b>Licensee Name:</b>	Teziah Manumbu
<b>Licensee Address:</b>	179 Lynn Drive BATTLE CREEK, MI 49037
<b>Licensee Telephone #:</b>	(269) 300-5799
<b>Administrator:</b>	Teziah Manumbu
<b>Licensee:</b>	Teziah Manumbu
<b>Name of Facility:</b>	Stephens Home
<b>Facility Address:</b>	146 Fenton St. Battle Creek, MI 49037
<b>Facility Telephone #:</b>	(269) 300-5799
<b>Application Date:</b>	01/25/2023
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/25/2023	On-Line Enrollment
01/26/2023	Inspection Report Requested - Health
01/26/2023	Application Incomplete Letter Sent app incomplete ltr, 1326, & RI-030
02/14/2023	Contact - Telephone call made leaving message indicating that a new app is needed to change the address.
02/14/2023	Contact - Document Sent emailed BCAL-569
02/28/2023	Contact - Document Received New BCAL 569 received to change the address of the facility.
02/28/2023	Contact - Telephone call received asked licensee to call me to discuss next steps, still need 1326 and RI-030.
03/01/2023	Contact - Telephone call received spoke with licensee about status-requested RI-030 and 1326.
03/02/2023	Contact - Document Received 1326 and RI-030, sent request to have fingerprints located and added.
03/27/2023	Application Incomplete Letter Sent to the administrator/licensee, Teziah Manumbu.
04/10/2023	Contact - Document Received from Teziah Manumbu.
04/13/2023	Contact - Document Received from Teziah Manumbu.
04/13/2023	Application Incomplete Letter Sent to Teziah Manumbu regarding additional documents.
04/13/2023	Contact - Document Received with additional documents from Teziah Manumbu.
04/17/2023	SC-Application Received – Original.
04/19/2023	Contact - Document Received through an email from licensee relating to medical health form.
04/20/2023	Contact - Document Received from Teziah Manumbu with medical health form.

05/01/2023	Contact - Document Received through an email from Teziah Manumbu.
05/02/2023	Contact - Document Sent to Teziah Manumbu and scheduling original on-site inspection.
05/02/2023	Contact - Telephone call received from Teziah Manumbu scheduling original on-site inspection.
05/02/2023	Application Complete/On-site Needed onsite scheduled.
05/02/2023	PSOR on Address Completed.
05/11/2023	Inspection Completed On-site.
05/11/2023	Inspection Completed-BCAL Full Compliance.

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

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

Stephens Home is a one-story ranch home constructed on a concrete slab foundation located at 146 Fenton St., Battle Creek, Michigan, in Calhoun County. There are multiple amenities located near the facility including restaurants and convenience stores, Bronson Battle Creek Hospital, Kellogg Community College, Pennfield Purdy Schools and North Avenue Church of God is located within 1 mile of the facility. Direct care staff members and visitors have ample parking available in the driveway of the facility.

The facility consists of four resident bedrooms, one full bathroom, a large living area, kitchen and dining room with the laundry room adjacent to the kitchen. After entering the front entrance, the living room is the first room observed with the kitchen, dining room and laundry rooms located straight forward from the living room. The full bathroom and resident bedrooms #1, # 2 and # 3 are located to the left of the living room.

There are two separate approved means of egress with one located at the driveway entrance of the facility and the second located in the kitchen area exiting to the backyard of the facility. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who required the regular use of a wheelchair to assist with mobility.

The facility utilizes public water and public sewage disposal systems. The furnace and hot water heater use natural gas and were found to be in fully operational order on 02/26/2023. The furnace and hot water heater are housed in a separate room

constructed of materials having a 1-hour-fire resistance rating and the door to the room is made of 1 ¾ inch solid core wood, hung in a fully stopped wooden frame, equipped with an automatic self-closing device and positive-latching hardware.

The facility is equipped with a hardwired blue tooth smoke and carbon monoxide detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in the sleeping areas, living room/dining room and kitchen. The facility is equipped with a fire extinguisher located in the kitchen area of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" X 10'	120 sq. ft.	1
2	11' 10" X 13' 9"	168 sq. ft.	1 or 2
3	11' 10" X 11' 9"	144 sq. ft.	1

The indoor living and dining areas measure a total of 409 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate four (4) residents only. It is the licensee's responsibility not to exceed the 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 four (4) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 Calhoun County Community Mental Health/Summit Pointe or private pay individuals as a referral source.

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. The facility will make provision for a variety of leisure and recreational equipment. There is no cost for this service, but it is subject to availability of vehicles and licensed drivers. It is the intent of this facility to utilize local community resources including public schools, local community college, libraries, shopping centers, and local parks. The facility will offer a variety of supplies for at home entertainment, including craft supplies, games, music

and movies. Activity groups are coordinated and led by direct care staff as well as group gatherings that come about naturally among residents, will welcome church services, and pet therapy. Community outings are scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings.

### **C. Applicant and Administrator Qualifications**

The applicant is Teziah Manumbu who is listed as the licensee and administrator. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no convictions recorded for Teziah Manumbu. Teziah Manumbu submitted a medical clearance request with statements from a physician documenting her good health and current negative TB results.

Teziah Manumbu has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Manumbu has worked in a variety of roles for the past five years through Kalamazoo Psychiatric Hospital as a certified Crisis Prevention Instructor, Resident Care Aid, Activity Therapy Aid, certified First Aid Instructor and an Institutional Training Instructor which is the position she currently maintains. Mrs. Manumbu has provided direct care to individuals with mental illness and developmental disabilities for a long period of time and completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff-to-four 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 direct care staff will not be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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](http://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 designee can administer medication to residents. In addition, the applicant has 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 acknowledges their 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all 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 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 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**

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 temporary license to this AFC adult small group home with a capacity of four residents.

*Kevin L Sellers*

05/18/2023

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

05/24/2023

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Dawn N. Timm  
Area Manager

Date