



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 25, 2023

Agnes Mtango
NIE HEALTH, INC
30134 Cahill Road
Flat Rock, MI 48134

RE: Application #: AS820414894
NIE HEALTH
30134 Cahill Road
Flat Rock, MI 48134

Dear Ms. Mtango:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820414894
Licensee Name:	NIE HEALTH, INC
Licensee Address:	30134 Cahill Road Flat Rock, MI 48134
Licensee Telephone #:	(419) 889-8651
Administrator/Licensee Designee:	Agnes Mtango
Name of Facility:	NIE HEALTH
Facility Address:	30134 Cahill Road Flat Rock, MI 48134
Facility Telephone #:	(419) 889-8651
Application Date:	11/15/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

II. METHODOLOGY

11/15/2022	On-Line Enrollment
11/23/2022	PSOR on Address Completed
11/23/2022	Contact - Document Sent Forms sent
12/22/2022	Contact - Document Received 1326, IRS letter
01/05/2023	Application Incomplete Letter Sent
03/15/2023	Consultation Requested/Provided Provided applicant with in-depth technical assistance and consultation regarding policies and procedures. Informed applicant of documents still needed.
03/21/2023	Contact - Document Received Received revised policies and procedures.
04/03/2023	Contact - Document Sent Email sent to applicant after review of revised paperwork. Many areas still not revised and other policies not included.
04/13/2023	Contact - Document Received Updated policies and procedures received.
04/24/2023	Contact - Document Sent Email sent to licensee designee, requesting revisions to policies as they violate the rules.
04/28/2023	Contact - Document Received Received revised policies and procedures.
04/29/2023	Application Complete/On-site Needed
05/02/2023	Inspection Completed-BCAL Sub. Compliance
05/25/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

NIE HEALTH is located in a residential area in the city of Flatrock. The home is a single-story brick structure with an unfinished basement and attached two car garage. The home consists of five bedrooms, two full bathrooms, one half bathroom, a living room, dining room, and family room. The living, dining, and family rooms measure a total of 569 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not wheelchair accessible at this time.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device with positive latching hardware located at the top of the stairs. The furnace was inspected on 01/28/23 and was found to be in good working condition. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detection system, fire extinguishers and electrical system were inspected on 02/06/23 and found to be in good working condition.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6"x19'0"	257 sq. ft.	2
2	11'11"x 10'5"	124 sq. ft.	1
3	10'6"x10'4"	108 sq. ft.	1
4	10'0"x10'5"	104 sq. ft.	1
5	11'10"x11'4"	134 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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, personal care in addition to room and board to **six (6)** male or female ambulatory adults whose diagnosis is mentally ill, aged and physically handicapped 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, if necessary.

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 designee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is NIE HEALTH, Inc., which is a "For Profit Corporation" was established in Michigan, on 12/09/22. 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 NIE HEALTH, Inc has submitted documentation appointing Agnes Mtango as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of **1** staff –to- **6** residents per shift. All staff shall be awake during sleeping hours. The staffing pattern may change based on the needs of the residents.

The licensee designee 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 licensee designee 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),

MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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, can administer medication to residents. In addition, the licensee designee 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 licensee designee 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 licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The licensee designee 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 licensee designee 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 licensee designee 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

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 (capacity 1-6).



— Pandrea Robinson
Licensing Consultant

05/25/23
Date

Approved By:



— Ardra Hunter
Area Manager

05/25/2023

Date