



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 5, 2023

Phillis Njoroge and Jacob Mwanja  
1029 Westmoreland Ave  
Kalamazoo, MI 49006

RE: License #: AF390398508  
**Caring Hearts AFC**  
**1029 Westmoreland Ave.**  
**Kalamazoo, MI 49006**

Dear Phillis Njoroge and Jacob Mwanja:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled populations, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390398508
<b>Licensee Name:</b>	Phillis Njoroge and Jacob Mwanja
<b>Licensee Address:</b>	1029 Westmoreland Ave. Kalamazoo, MI 49006
<b>Licensee Telephone #:</b>	(269) 808-1461
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Caring Hearts AFC
<b>Facility Address:</b>	1029 Westmoreland Ave. Kalamazoo, MI 49006
<b>Facility Telephone #:</b>	(269) 808-1461
<b>Original Issuance Date:</b>	08/27/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/05/2023

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 330.1803            Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

**FINDING:** Fire drills were not being conducted at least once during the daytime, evening, and sleeping hours, during every three-month period, as required.

**R 400.1405            Health of a licensee, responsible person, and member of the household.**

**(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.**

**FINDING:** The licensees, Phillis Njoroge and Jacob Mwanja, last had TB chest x-rays completed 05/17/2019 and 07/08/2019, respectively. Consequently, verification of tuberculosis was not completed every three years as required.

A variance request was discussed with the licensees due to physician's not recommending chest x-rays every three years.

**R 400.1426            Maintenance of premises.**

**(7) Stairways shall have sturdy and securely fastened handrails which are not less than 30, nor more than 34 inches above the upper surface of the tread. Exterior and interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.**

**FINDING:** The facility's front porch and ramp had missing handrails in several sections.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification, are recommended.



07/05/2023

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Cathy Cushman  
Licensing Consultant

Date