



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 5, 2023

Kennedy Mwanda  
KM Milham Care LLC  
Mwanda  
3320 W Milham Ave  
Portage, MI 49024

RE: Application #: AS390410848  
**KM MILHAM CARE**  
**3320 W MILHAM AVE**  
**PORTAGE, MI 49024**

Dear Kennedy Mwanda:

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 adult foster care license and special certification for the mentally ill and developmentally disabled populations, with a maximum capacity of 4, are 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 that reads "Cathy Cushman".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390410848
<b>Licensee Name:</b>	KM Milham Care LLC
<b>Licensee Address:</b>	3320 W Milham Ave Portage, MI 49024
<b>Licensee Telephone #:</b>	(269) 929-8436
<b>Administrator:</b>	Kennedy Mwanda
<b>Licensee Designee:</b>	Kennedy Mwanda
<b>Name of Facility:</b>	KM MILHAM CARE
<b>Facility Address:</b>	3320 W Milham Ave Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 743-7182
<b>Application Date:</b>	11/11/2021
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

11/11/2021	On-Line Enrollment
11/12/2021	Contact - Document Sent 1326, RI030, AFC100
07/07/2022	Contact - Document Received 1326/RI 030/AFC 100 for LD/Administrator and IRS ltr
07/07/2022	Comment LD's print forms referred to Candace for review
07/19/2022	File Transferred To Field Office Via SharePoint
07/26/2022	Application Incomplete Letter Sent
02/12/2023	Contact - Document Received Received via email copies of AFC app, heating plant installment, fire safety inspection, education, training, floor plan, property tax statement, medical clearance, and LLC information,
02/22/2023	Contact - Document Sent Emailed licensee notifying him of a consultant change.
04/27/2023	Contact - Document Received Received current medical clearance, updated house guidelines, updated floor plans, budget with expenses, proof of income, some training, heating plan approval and electrical/smoke detector approval.
04/28/2023	Contact - Document Sent Sent letter indicating additional training needed.
05/25/2023	Inspection Completed On-site
05/25/2023	Inspection Completed-BCAL Sub. Compliance
05/25/2023	Inspection Completed-Env. Health : A
05/26/2023	Contact - Document Sent Sent specialized certification original application and specialized certification rules, via email to licensee designee.
06/12/2023	SC-Application Received – Original
06/16/2023	Contact - Document Received

	Received training verification for wellness and nutrition, Person Centered Planning, corporate compliance, updated AFC app to reflect number of residents in facility. Received updated resume.
06/28/2023	Contact - Document Sent Sent email requesting additional information.
06/28/2023	Contact – Document Received Received statement on wood burning fireplace, video of fire door self-closing, fire natural disasters and medical emergency procedures and emergency numbers.
06/29/2023	Inspection Completed – BCAL Full Compliance
06/29/2023	LSR Generated
07/03/2023	Application Complete/On-site Needed
07/03/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

KM MILHAM CARE is a three-bedroom, ranch style home located within the city of Portage, Michigan. On file is verification of property ownership. The home is located within a five-minute drive to I-94 highway, local shops, shopping centers, grocery and department stores, convenience stores, and the mall. It is also a 10 minute walk to a local neighborhood park, or an approximate two minute drive to multiple parks. It is an approximate 12 minute drive to downtown Kalamazoo, Michigan. Due to the home being located within the city, it utilizes both public sewer and water.

The facility’s main entrance opens into the living room and also has a wheelchair accessible ramp. A wood burning fireplace is located in this room; however, the licensee has provided a signed written statement this fireplace will neither be used for primary or supplemental heat. The northeast side of the living room leads to a hallway where there are several closets, the medication closet, three resident bedrooms and a bathroom. The bathroom consists of a standup shower, sink and toilet. There is no fan in the bathroom, but the window is openable. Off the east side of the hallway is access to the home’s kitchen and dining room. On the east side of the kitchen is a door leading to the home’s garage, along with a ramp. There is a door next to the garage doors; however, the door is inaccessible due to the ramp from the kitchen to the garage blocking the way. There is an exit door, at grade, on the back of the garage leading to a 10’7” x 10’10” covered concrete patio and large backyard. To the left of this exit door are stairs leading to the home’s basement. The basement contains storage space, the water heater, furnace, and washer/dryer. The basement area will not be regularly utilized by

residents. Due to the home having two exits equipped with ramps, it is identified as wheelchair accessible.

The gas furnace and electric water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Smoke detectors were observed in the facility's kitchen, hallway, living room, basement, and in each bedroom.

On file is documentation from a qualified inspection service verifying the facility's furnace was recently replaced and in good working condition. A washer and electric dryer are located inside the facility's laundry room within the basement. The dryer is equipped with a permanent vent to the outside 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	11'2" x 11'5"	127 sq ft	1
2	8'10" x 12'8"	111 sq ft	1
3	12'7" x 11'2"	140 sq ft	2

The living, dining, and sitting room areas measure a total of 291 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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 **four (4)** male or female ambulatory adults whose diagnosis is mentally impaired and developmentally disabled, in the least restrictive environment possible. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their *Assessment Plans for AFC Residents* and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, and private pay individuals as referral sources.

The applicant will provide a warm, home like atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs, as agreed upon in the Resident Care Agreement.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' *Assessment Plan for AFC Residents* and individual plans of service. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, their guardians, and their responsible agencies.

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

The applicant is KM Milham Care LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 11/24/2021. 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 members of KM Milham Care LLC have submitted documentation appointing Kennedy Mwanda as both the Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Kennedy Mwanda. The licensee designee and administrator, Kennedy Mwanda, submitted a medical clearance request with statements from a physician documenting his good health and current negative TB results.

The licensee designee and administrator, Kennedy Mwanda, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Mwanda has over 15 years of experience in providing individuals with assistance in their activities of daily living, providing supervision, administering medication, and collaborating with multiple agencies and partners to provide individuals with appropriate and quality care. Mr. Mwanda has experience working in a variety of health care settings such as Western Michigan University's Center for Disability Services, short and long term nursing home care, and Kalamazoo's Psychiatric Hospital, where he has worked the last seven years as a practical license nurse and resident care aid.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 staff to 4 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 indicated direct

care staff will not be awake during sleeping hours. He also indicated he may have live-in staff within the facility.

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 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 acknowledges their 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 acknowledges their 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 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, 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 of 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 in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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**

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 six-month temporary license and specialized certification license for the mentally ill and developmentally disabled populations to this adult foster care small group home with a capacity of four residents.

*Cathy Cushman*

07/03/2023

---

Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

07/05/2023

---

Dawn N. Timm  
Area Manager

Date