



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 14, 2024

Mekdes Zewde
5909 Buttonwood Dr
Haslett, MI 48840

RE: Application #: AS330414658
BIG HEARTS II
2751 E Roseland Ave
East Lansing, MI 48823

Dear Ms. Zewde:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330414658
Licensee Name:	Mekdes Zewde
Licensee Address:	5909 Buttonwood Dr Haslett, MI 48840
Licensee Telephone #:	(517) 505-9422
Administrator:	Mekdes Zewde
Name of Facility:	BIG HEARTS II
Facility Address:	2751 E Roseland Ave East Lansing, MI 48823
Facility Telephone #:	(517) 402-9342 11/03/2022
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

11/03/2022	On-Line Enrollment
11/10/2022	Application Incomplete Letter Sent Sent App Inc Ltr,1326, RI-030,, and AFC-100
01/20/2023	PSOR on Address Completed
01/20/2023	Contact - Document Received AFC 100 for Mekdes
01/24/2023	Contact - Document Received 1326/RI 030 for Mekdes Zewde (sent to L Herrguth)
01/30/2023	Comment- Applicant's prints were completed as HFA; will need to redo as AFC
01/31/2023	Contact - Document Received- RI 030 with correct codes & fingerprint for M Zewde
02/01/2023	File Transferred To Field Office- Lansing via SharePoint
04/03/2023	Application Incomplete Letter Sent
06/07/2023	Application Incomplete Letter Sent- Emailed to licensee.
06/15/2023	Contact - Document Received Received admission policy, credit report, discharge policy, fee policy, floor plans, medical clearance, organizational chart, program statement, proof of ownership, staffing pattern, TB test results, job descriptions
01/18/2024	Application Complete/On-site Needed
01/18/2024	Inspection Completed On-site
01/18/2024	Inspection Completed-BCAL Sub. Compliance
01/24/2024	Inspection Completed On-site
01/24/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a four-bedroom, three-bathroom, ranch style home located at 2751 E. Roseland Ave., East Lansing, MI. The home is located in a quiet suburban neighborhood of Meridian Township. The home is located within close proximity to the Meridian Mall, many restaurants, and other shopping establishments. The four bedrooms are all located on the main level of the home. Bedroom number one has a sliding glass door that leads out to the large deck in the fenced in backyard. The home has two full bathrooms on the main level, which are both equipped with a shower/tub combination. The home has a security system which makes a light alarm sound alerting direct care staff that a window or door has been opened in the home. This home is not barrier free as there are no ramps leading from the steps on the primary exits and the bathrooms are not equipped with barrier free showering areas. The main level has two separate living areas as well as a dining room near the kitchen. Living room #1 is equipped with an electric fireplace, which the licensee has agreed to keep inactive and not utilize this as a heating element. Living room #2 is equipped with a wood burning fireplace, which the licensee has verbalized understanding to keep this fireplace inactive as well and never use this as a heating element for the home. The backyard contains a playscape with a swing set and a slide, as well as an elevated trampoline with a mesh safety net installed. The home has a basement, where the third bathroom is located. This bathroom contains the laundry facilities as well as a stand-up shower. The furnace is a forced air natural gas furnace that is located in the basement of the home. Also in the basement is an additional finished living area. This finished space utilizes a ceiling tile that has been demonstrated to be a Class A fire rated ceiling tile. The residents will not participate in activities in the basement, other than laundry services, as the basement is not equipped with two approved means of egress. The home has two approved means of egress on the main level. The home utilizes Meridian Township public water and sewer services.

The forced air gas 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 and positive latching hardware located at top and bottom of stairs. Bedroom #1 and living room #1 are heated by permanently installed wall heating units powered by a heating device in the backyard. The home is equipped with central air. The home is not equipped with a generator in the event of a power outage. 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 home was equipped with fire extinguishers on all levels and smoke detectors in all required areas. The applicant produced a current copy of a recent furnace inspection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	18'10 x 11'5	215.02sqft	2
#2	14'9 x 8'10	130.29	2
#3	7'7 x 11'2	84.68sqft	1
#4	11 x 9'9 + 3'1 x 1'7	112.13sqft	1
Living Room #1	10'2 x 21'6	218.59sqft	N/A
Dining Room	11'4 x 9'5	106.72sqft	N/A
Living Room #2	12 x 11'9 + 17'10 x 7'5	273.27sqft	N/A

The living, dining, and sitting room areas measure a total of 598.58 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 **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 and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or aged, 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 Clinton-Eaton-Ingham County CMH, 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 arrange for 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from additional employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee/administrator, Mekdes Zewde. Ms. Zewde has submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Zewde has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has experience with the mentally ill, developmentally disabled, and aged populations groups through her work in managing another adult foster care facility, and through her experience as a trained nurse.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1- staff –to- 6__ 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 that direct care staff will be awake during sleeping hours.

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 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) 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, can administer medication to residents. In addition, the applicant 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 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 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 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 who require the use of a wheelchair may not be admitted to the facility as this facility is not barrier free and does not have two approved means of egress to accommodate the use of wheelchairs.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.

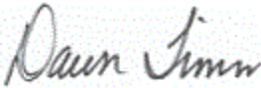


01/25/24

Jana Lipps
Licensing Consultant

Date

Approved By:



02/14/2024

Dawn N. Timm
Area Manager

Date