



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2024

Jason Muriithi
920 Pembroke Street, SE
KENTWOOD, MI 49508

RE: Application #: AM410417815
Radiant Living AFC
413 East Muskegon St
Cedar Springs, MI 49319

Dear Mr. Muriithi:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410417815

Licensee Name: Jason Muriithi

Licensee Address: 920 Pembroke Street, SE
KENTWOOD, MI 49508

Licensee Telephone #: (616) 550-3982

Administrator/Licensee Designee: Jason Muriithi

Name of Facility: Radiant Living AFC

Facility Address: 413 East Muskegon St
Cedar Springs, MI 49319

Facility Telephone #: (616) 550-3982

Application Date: 09/14/2023

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL, ALZHEIMERS, AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

| | |
|------------|---|
| 09/14/2023 | On-Line Enrollment |
| 09/15/2023 | Inspection Report Requested - Fire Via email to BFS |
| 09/15/2023 | Contact - Document Sent Fire Safety String to applicant |
| 09/15/2023 | PSOR on Address Completed |
| 09/15/2023 | File Transferred To Field Office GR via SharePoint |
| 10/25/2023 | Inspection Completed On-site The Licensee acknowledged that he had many things to fix before they could be licensed. He is working on it. |
| 10/31/2023 | SC-Application Received - Original |
| 01/05/2024 | Inspection Completed-Fire Safety: A |
| 01/22/2024 | Contact - Document Received Email from Jason. |
| 01/30/2024 | Contact - Document Received Zoning letter approval from City of Cedar Springs. |
| 02/08/2024 | Contact - Document Received Permission to inspect from owner of property, Thomas Cronkright. |
| 02/08/2024 | Inspection Completed On-site Received documents for opening a license. |
| 02/08/2024 | Application Complete/On-site Needed |
| 03/12/2024 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The two-story stick-built home is located in the City of Cedar Springs, Michigan and has been a licensed Adult Foster Care home for many years. The first floor has a living room, an office, two barrier free bathroom, a full bathroom, a kitchen, a great room which has a dining area, four resident bedrooms, one staff room, an attached porch on the back of the home, two ramps one on the side of the home and one at the front entrance. The lower level has two furnace rooms, a laundry room, one barrier free bathroom and one regular bathroom, one storage room, five resident bedrooms, two rooms for resident activities and a direct exit to the outside. The home is wheelchair accessible on the first floor with 2 approved means of egress that are equipped with ramps from the first floor. The home will utilize public water and sewage.

The two gas, furnace rooms, 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 of stairs and in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the home.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|---------------------|-----------------|----------------------|---------------------|
| 215 (upstairs) | 8' 6" x 11' 6" | 97.75 | 1 |
| 211 (upstairs) | 23' 0" x 7' 6" | 172. 5 | 2 |
| 212 (upstairs) | 7' 6" x 11' 0" | 82.5 | 1 |
| 213 (upstairs) | 7' 6" x 11' 0" | 82.5 | 1 |
| 115 (downstairs) | 6' 0" x 15' 10" | 94.98 | 1 |
| 114 (downstairs) | 18' 0" x 9' 0" | 162.00 | 2 |
| 113 (downstairs) | 11' 8" x 7' 2" | 82.90 | 1 |
| 112 (downstairs) | 11' 8" x 7' 2" | 82.90 | 1 |
| 117 (downstairs) | 25' 0" x 7' 0" | 175 | 2 |

The living, dining, and two activity rooms areas measure a total of 569.74 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 twelve 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 twelve (12) 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 Kent County-DHHS, Kent and Montcalm County CMH, or other CMH's 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. 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 the applicant's other licensed Adult Foster Care home.

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

The applicant who is the licensee 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 12-bed facility is adequate and includes a minimum of staff 1 to-12 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 not be awake during sleeping hours.

The applicant acknowledged 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 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.miltpartnership.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, 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 residents' 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 temporary license to this AFC adult medium group home capacity 12.

Arlene B. Smith

03/12/2024

Arlene Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/12/2024

Jerry Hendrick
Area Manager

Date