



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 11, 2024

Regina Mugo  
6710 Evergreen St.  
Portage, MI 49024

RE: License #: AF390411768  
Investigation #: 2024A0581022  
Ideal Treasure Care AFC

Dear Regina Mugo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390411768
<b>Investigation #:</b>	2024A0581022
<b>Complaint Receipt Date:</b>	02/23/2024
<b>Investigation Initiation Date:</b>	02/27/2024
<b>Report Due Date:</b>	03/24/2024
<b>Licensee Name:</b>	Regina Mugo
<b>Licensee Address:</b>	6710 Evergreen St. Portage, MI 49024
<b>Licensee Telephone #:</b>	(269) 461-5515
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Ideal Treasure Care AFC
<b>Facility Address:</b>	6710 Evergreen St. Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 414-9598
<b>Original Issuance Date:</b>	05/17/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/17/2022
<b>Expiration Date:</b>	11/16/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATIONS

	Violation Established?
The licensee doesn't live in the facility.	Yes
Residents are allowed to scream at neighborhood children.	No
A sex offender is residing in the facility, which is near a school and neighborhood pool.	No

*\*It should be noted the following allegations were made; however, these allegations do not pertain to any Adult Foster Care administrative rules:*

- Noise violations
- Extra cars parked on the street

## III. METHODOLOGY

02/23/2024	Special Investigation Intake 2024A0581022
02/27/2024	Special Investigation Initiated - Letter Email from Complainant
02/27/2024	Contact - Document Sent Completed parcel search for licensee on Kalamazoo Govt site.
02/27/2024	Contact - Document Sent Completed a Portage tax search for licensee. Only hit was for current address.
02/27/2024	Inspection Completed On-site Interviewed licensee, responsible person, obtained documentation, and observed residents.
02/27/2024	Exit conference with the licensee, Regina Mugo.
02/27/2024	Inspection Completed-BCAL Sub. Compliance
02/28/2024	Contact - Document Received Received email from licensee confirming submission of small group home app.
02/28/2024	APS referral APS referral via email.
02/28/2024	Contact – Telephone call made

	Interview with Michigan Department of Corrections Parole/Probation agent, David Wilson.
03/05/2024	Contact – Document Received Received APS denial of investigation letter.

**ALLEGATION: The licensee doesn't live in the facility.**

**INVESTIGATION:** On 02/23/2024, I received this complaint through the Bureau of Community Health Systems (BCHS) online complaint system. The complaint alleged the facility's "Caregivers don't live on property[sic]". The complaint alleged the caregivers leave nightly and live at an apartment complex down the street.

On 02/27/2024, Complainant emailed pictures to me of the facility's "owner's" vehicles in front of an unidentified apartment. Complainant did not identify the name of the facility's owners. Complainant documented "it has been observed on multiple occasions that the owners of the home leave the premises around 5pm and have an alternative living arrangement at the Vistas apartments and townhomes on Milham avenue". Complainant's pictures showed two vehicles, a BMW and Toyota, with personalized license plates.

On 02/27/2024, I completed a Kalamazoo County parcel search for the licensee, Regina Mugo, and her husband, Temilade Quadri; however, according to my search, the only property owned by either Ms. Mugo or Mr. Quadri is the property located at 6710 Evergreen St., Portage, MI 49024.

On 02/27/2024, I visited the Vista Apartments and Townhomes off Milham Avenue in Portage Michigan. The leasing department personnel stated she could not provide any information as who resided in any of the apartments; however, after driving around the apartment property, I observed the same BMW vehicle at the apartments that was in the pictures provided by Complainant.

On 02/27/2024, I also conducted an unannounced investigation at the facility. I interviewed responsible person and direct care staff, Bedan Mukundi. Mr. Mukundi stated neither Ms. Mugo nor her husband, Mr. Quadri, were in the facility. He stated Ms. Mugo moved out of the facility with her husband and child "a couple months ago" and they were currently residing in an apartment near the facility. Mr. Mukundi contacted Ms. Mugo during the inspection and requested she come to the facility.

Ms. Mugo arrived at the facility approximately 5-10 minutes later. Ms. Mugo's statement to me was consistent with Mr. Mukundi's statement. Ms. Mugo stated she moved out of the facility in September or October 2023 due to Resident A's behavior. She stated Resident A doesn't sleep well at night and often stomps around, which disrupted the sleep of her young child. I explained to Ms. Mugo Adult

Foster Care family home licensees are required to live in the facility. I informed Ms. Mugo she needed to move back into the facility, but she could submit a small group home application. I informed Ms. Mugo her husband and child did not need to move back into the facility as her husband was not listed as a co-licensee. I informed her he could continue living in the apartment with her child; however, she would need to continue residing in the facility until the small group home license was issued. Ms. Mugo stated she would submit for a small group home license immediately and acknowledged she understood she needed to move back into the facility.

On 02/28/2024, Ms. Mugo forwarded me her payment confirmation for the small group home application for the facility's address.

On 03/08/2024, I confirmed on our Bureau of Information Tracking System (BITS), Ms. Mugo's small group home application was received, and the facility's small group home enrollment was being processed by the LARA Licensing Unit.

<b>APPLICABLE RULE</b>	
<b>MCL 400.722</b>  <b>MCL 400.703</b>	<b>Denying, suspending, revoking, refusing to renew, or modifying license; grounds; written notice; hearing; decision; protest; receiving or maintaining adults requiring foster care as felony; penalty; relocation services.</b>
	<b>(1) The department may deny, suspend, revoke, or refuse to renew a license, or modify a regular license to a provisional license, if the licensee falsifies information on the application for license or willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license.</b>  <b>See Definitions: A.</b>  <b>(5) Adult foster care family home means a private residence with the approved capacity to receive 6 or fewer adults to be provided with foster care for 5 or more days a week and for 2 or more consecutive weeks. The adult foster care family home licensee shall be a member of the household, and an occupant of the residence.</b>

<b>ANALYSIS:</b>	<p>Based on the licensee's, Regina Mugo's, own admission, she moved out of the facility sometime around September or October 2023 and moved into a nearby apartment with her husband and young child. On 02/27/2024, Ms. Mugo agreed to move back into the facility and on 02/28/2024, she submitted a small group home application.</p> <p>Despite moving back into the facility and submitting a small group home application, Ms. Mugo did not reside in the facility for approximately 4-5 months, which is a requirement of an adult foster care family home.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

- **Residents are allowed to scream at neighborhood children.**
- **A sex offender is residing in the facility, which is near a school and neighborhood pool.**

**INVESTIGATION:** The complaint alleged the facility's residents aren't being properly supervised because they are "screaming unintelligible things" to children outside through the facility's windows when children are walking to school. The complaint alleged the neighborhood children feel threatened by this behavior. Additionally, the complaint alleged the safety of the neighborhood is compromised due to a known sex offender residing in the facility within proximity to a school and neighborhood pool while the facility's owners aren't residing in the facility.

I interviewed responsible person and direct care staff, Mr. Mukundi, and the licensee, Ms. Mugo. They both stated there were currently three residents in the facility, Resident A, Resident B, and Resident C. They both stated Resident A and Resident B yell and shout at people; however, their outbursts and behaviors were directly related to their diagnoses. Mr. Mukundi stated there have been instances where Resident B has used "mean words" when yelling or screaming out of the window. They both stated that due to the warming weather, the facility's windows may be open; therefore, people may hear more of the resident's yelling or outbursts; however, Ms. Mugo and Mr. Mukundi stated they cannot prevent the residents from going outside or having a window open.

Both Ms. Mugo and Mr. Mukundi stated Resident A has a diagnosis of "autism" and has regular "episodes" where he "may cry and make noise". Both Ms. Mugo and Mr. Mukundi stated staff keep him in their line of sight when he is outside.

Both Ms. Mugo and Mr. Mukundi stated Resident C was on the sex offender registry; however, they both stated he was compliant with his parole guidelines and with registering as a sex offender. Additionally, they both stated Resident C meets with his parole officer once a month. Neither Ms. Mugo nor Mr. Mukundi stated there were no restrictions of Resident C living in the facility with being in proximity to a school or neighborhood pool. They stated he also has unrestricted access in the community.

During my inspection, I was unable to interview Resident A due to his diagnosis; however, I observed him make loud noises and pace about the facility. I also observed Mr. Mukundi and Ms. Mugo verbally redirect Resident A and monitor him while he was in the facility.

I did not interview Resident C during the inspection because he was picked up for an outing at the time I arrived to the facility.

I reviewed Resident A's *Assessment Plan for AFC Residents* (assessment plan), dated 06/09/2023, which documented Resident A is a safety risk at home and in the community and always requires responsible persons/direct care staff with him. Additionally, it documented Resident A "often needs staff to verbally prompt him for his needs". Resident A's assessment plan also documented he has a *Van Buren County Community Mental Health (VBCMh) Behavior Support Plan (BSP)* in place to assist with Resident A's behaviors and to help him maintain the least restrictive lifestyle possible.

I reviewed Resident A's VBCMh BSP, dated 6/21/2023, but with a revision date of 07/27/2023. The BSP was written by VBCMh behavior specialist, Charisse Wozniak. According to this plan, Resident A has a support goal in place to feel safe and valued and to learn to cope with his frustration appropriately without exhibiting target behaviors. Resident A's BSP identified target behaviors as self-injurious behaviors (SIB), which included hitting himself, pinching, picking, slapping, scratching and biting himself, forcefully throwing his body or any body parts (arm/head) against furniture, shiny objects, or walls that could cause damage to himself. Additional SIB behaviors were identified as physical aggression such as hitting others, and repetitive acts and/or phrases.

I reviewed Resident B's *Assessment Plan for AFC Residents*, dated 09/12/2023, which documented Resident B "must be accompanied by staff" when in the community. It also documented Resident B has a history of angry outbursts.

I also reviewed Resident B's Woodlands Community Mental Health BSP, dated 12/15/2023. The BSP was originally written by Woodlands Joyce Wilson, but later updated by Alyssa Darrah. The BSP documented Resident B is an 81 year old with a diagnosis of schizophrenia who was referred to Woodlands in 2021 due to elopement concerns. The goal of the BSP is for Resident B to no longer elope from staff and for her to reduce instances of physical aggression and property destruction.



Resident B's BSP identified target behaviors as elopement where she leaves the home without staff, informs staff verbally or physically that she intends to leave, or while out in public she actively attempts to leave staff, physical aggression where she attempts to or successfully hits, kicks, scratches, bites, or otherwise hurts another person, and property destruction where she strikes surfaces in her home with any part of her body and with enough force to make a sound, throws items, rips items up or off of walls, attempts to break items, throws items, or engages in any other behavior to cause destruction of property.

I reviewed Resident C's Summit Pointe's Annual Psychosocial Assessment, dated 10/24/2022, which documented Resident C has a 1<sup>st</sup> degree criminal sexual conduct charge from the early 1990's whereas he spent 12 years in prison and is now required to register quarterly.

I reviewed Resident C's *Behavior Treatment Plan* (BTP) developed by behavior analyst, Christina Clements through Sparks Behavioral Services LLC, dated 06/02/2023. The BTP documented the goal of Resident C's BTP was for Resident C to gain more independence and to eventually live on his own or with a roommate. The BTP identified strategies to address Resident C's target behaviors, which consist of self harm statements and attempts to escape demands and aversive situations. The BTP also documented Resident C is his own guardian and there is no court order in place to require him to participate in treatment. His BTP identified a restriction of his freedom of movement as a strategy to prevent him from purchasing items to harm himself; however, the restriction of movement included a "fading of the restriction" which documented Resident C having up to 8 hours of independent access in the community after going six months without engaging in self-harm statements or attempts.

On 02/28/2024, I interviewed Resident C's Michigan Department of Corrections (MDOC) probation/parole agent, David Wilson. Mr. Wilson stated Resident C meets with him regularly and consistently. He stated Resident C was doing well on probation. Mr. Wilson stated he hasn't had any concerns with the licensee or staff not providing adequate supervision of Resident C; however, he confirmed Resident C doesn't have any restrictions with his access in the community or restricting where Resident C can reside. He stated Resident C can walk to his appointments; however, the facility's staff is also helpful in assisting Resident C get to his scheduled appointments.

<b>APPLICABLE RULE</b>	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	<b>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is</b>

	<p><b>determined that the resident is suitable pursuant to the following provisions:</b></p> <p><b>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b></p>
<b>ANALYSIS:</b>	<p>Based on my investigation, which included interviews with responsible person and direct care staff, Ben Mukundi, licensee, Regina Mugo, and MDOC parole/probation agent, David Wilson, and my review of Resident A's, Resident B's, and Resident C's assessment plans and respective community mental health treatment and/or behavior support plans, there is no evidence the licensee or direct care staff are not providing adequate supervision of any of the residents. Both Resident A and Resident B have diagnoses that cause them to display behaviors that may be alarming to community members; however, there is no evidence the licensee nor staff members aren't implementing their treatment or behavior support plans, as required. Additionally, despite Resident C having to register as a sex offender, he has no restrictions per his probation officer on where he can reside, including in a neighborhood within proximity to a pool and school.</p> <p>Subsequently, the amount of supervision required by Resident A, Resident B, and Resident C is available in the home.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 02/27/2024, I conducted my exit conference with the licensee, Regina Mugo, at the facility. Ms. Mugo acknowledged my findings and stated she would return to the facility and submit a small group home application. Ms. Mugo agreed with my findings relating to the supervision of the residents. She had no additional questions relating to my investigation.

#### IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.



03/11/2024

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



03/12/2024

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Dawn N. Timm  
Area Manager

Date