



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 18, 2024

Regina Mugo  
Ideal Treasure Care AFC LLC  
6710 Evergreen St  
Portage, MI 49024

RE: Application #: AS390418303  
**Evergreen Site**  
**6710 Evergreen St.**  
**Portage, MI 49024**

Dear Regina Mugo:

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 a specialized 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>	AS390418303
<b>Applicant Name:</b>	Ideal Treasure Care AFC LLC
<b>Applicant Address:</b>	6710 Evergreen St Portage, MI 49024
<b>Applicant Telephone #:</b>	269-461-5515
<b>Administrator:</b>	Regina Mugo
<b>Licensee Designee:</b>	Regina Mugo
<b>Name of Facility:</b>	Evergreen Site
<b>Facility Address:</b>	6710 Evergreen St. Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 270-3073
<b>Application Date:</b>	02/27/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/27/2024	Enrollment
03/08/2024	Application Incomplete Letter Sent Requested 1326/RI030
03/08/2024	PSOR on Address Completed
03/08/2024	Lic. Unit file referred for background check review PSOR Hit
03/08/2024	Contact - Document Sent forms sent
03/12/2024	File Transferred To Field Office
03/14/2024	Application Incomplete Letter Sent Sent field app incomplete letter via email
03/20/2024	Contact - Document Received Received via email the following: Administrator training certificates, copies of contracts, heating/furnace inspection, smoke detector information, floor plan, admin/discharge/refund info, budget/income, org chart, proposed staffing, job descriptions, personnel policies, and resume for LD/Admin.
03/27/2024	Inspection Completed-BCAL Sub. Compliance In reviewing documentation provided by licensee designee.
03/27/2024	Contact - Document Sent Sent confirming letter to LD via email
03/31/2024	Contact - Document Received Received the following via email: updated personnel policies, LD medical clearance, updated org chart, electrical inspection, and updated floor plans.
04/01/2024	Contact - Document Received LD and Administrator TB x-ray verification
04/02/2024	Inspection Completed On-site
04/03/2024	Inspection Completed-BCAL Sub. Compliance
04/03/2024	Contact - Document Sent Sent confirming to LD via email
04/04/2024	Contact – Document Received

Email from licensee designee with smoke detector information.

04/04/2024

SC-Application Received – Original

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a ranch style brick home in a well-established residential neighborhood of Portage, Michigan. The facility is within minutes of driving to shopping centers, the mall, parks, a local pool, and restaurants. It is also within a five minute drive to I-94 highway and the I-94 highway and 131 highway interchange and 15 minutes to downtown Kalamazoo. Due to the facility's location, it utilizes both the public water and sewage disposal system. The facility is not wheelchair accessible. Regina Mugo is listed as the owner of the home with proof of ownership on file.

The facility's main level consists of a living room, dining room, and kitchen. There is a gas fireplace in the living room; however, the licensee documented this fireplace will not be utilized. There is a hallway between the living room and dining room that has three resident bedrooms and a bathroom. The bathroom in this hallway consists of a sink, toilet, and tub/shower. Resident bedroom #2 has an en-suite bathroom, which consists of a stand-up shower, sink, and toilet. This bathroom will only be utilized by the resident utilizing bedroom #2. Through the kitchen and down two steps is a small mudroom. From the mudroom is a door to the backyard, the door to resident bedroom #1, a door to the garage, and the door to the facility's finished basement.

The facility was a former adult foster care family home where the licensee resided in the basement. The basement consists of a large living space, two bedrooms, a full bathroom with sink, toilet, and tub/shower, laundry facilities, and the furnace/water heater. There is also another fireplace in the basement's living space; however, the licensee documented this fireplace would also not be utilized. The licensee stated the basement would not be accessible to residents unless a resident was completing laundry. The bedrooms in the basement will not be utilized by any residents.

The facility also has a wooden deck in the backyard that connects to the dining room. The backyard is enclosed with a four-foot chain link fence; however, this fence is non locking against egress.

The facility's gas water heater and furnace are in the basement. The licensee created floor separation by installing a fire door at the top of the stairs, which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with First Alert smoke detectors, which are battery powered smoke alarms with wireless interconnect and voice alerts. The smoke alarms were inspected and serviced on 03/18/2024 by Mack's Fire Protection who did not identify any concerns relating to the facility's smoke alarms. Smoke alarms are in each bedroom, in the mudroom above the fire door, in the facility's hallway, in the living room, in the basement furthest from the stairs and right outside the furnace.

The facility's furnace was inspected on 03/20/2024 by DeHaan Heating and Cooling, who determined the furnace was in good working condition and functioning properly. An electrical inspection was conducted on 03/28/2024 by Service Professional, Inc. who determined the electrical system was safe, in good working condition and functioning properly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 10'1"	121 sq ft	1
2	10'6" x 9'6"	99 sq ft	1
3	8'6" x 10'9"	90 sq ft	1
4	13'4" x 9'7"	127 sq ft	1

The indoor living and dining areas measure a total of 387 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 4 male and/or female residents who are mentally ill and/or developmentally disabled. 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, independent living skills, opportunities for involvement in educational or day programs/employment, transportation, and public safety skills. The applicant intends to obtain contracts with various Community Mental Health agencies throughout the State of Michigan.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior

approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local libraries, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents. The applicant will provide transportation for all residents' programming and medical needs, as agreed upon in the Resident Care Agreement.

### **C. Applicant and Responsible Person Qualifications**

The applicant is Ideal Treasure Care AFC LLC, which is a "Domestic Limited Liability Company", established in Michigan on 01/24/2022. 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 sole member of Ideal Treasure Care AFC LLC is Regina Mugo who is identified as both the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed for Regina Mugo, who is both the licensee designee and administrator, and no LEIN convictions were identified. Regina Mugo also submitted a medical clearance request and chest x-ray, dated 12/14/2023 and 12/18/2023, respectively, from her physicians documenting her good health and negative TB results.

Regina Mugo has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Regina Mugo has worked approximately five years for several different adult foster care facilities in Kalamazoo as both a manager and direct care staff where she provided companionship, passed medications, prepared meals, transported for medical appointments, and assisted residents with their needs, which includes mobility, hygiene, personal care, and supervision. Additionally, Regina Mugo operated her own family home adult foster care facility since 2022. She has worked extensively with local Community Mental Health agencies in providing care and implementing care plans to residents with mental illness and developmental disabilities. She has also completed all her required trainings through Integrated Services of Kalamazoo.

The staffing pattern for the original license of this 4 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 has indicated that direct care staff will 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.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, 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 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.



**IV. RECOMMENDATION**

I recommend the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of four residents.

*Cathy Cushman*

04/17/2024

---

Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

04/18/2024

---

Dawn N. Timm  
Area Manager

Date