



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 23, 2024

Agnes Kamanzi
Horminy Family LLC
2091 Palm Dale Dr Sw
Wyoming, MI 49519

RE: Application #: AS410418239
Horminy Family LLC
2091 Plam Dale Dr SW
Wyoming, MI 49519

Dear Ms. Kamanzi:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410418239

Licensee Name: Horminy Family LLC

Licensee Address: 2091 Palm Dale Dr Sw
Wyoming, MI 49519

Licensee Telephone #: (720) 416-6298

Administrator/Licensee Designee: Agnes Kamanzi, Designee

Name of Facility: Horminy Family LLC

Facility Address: 2091 Plam Dale Dr Sw
Wyoming, MI 49519

Facility Telephone #: (720) 416-6298

Application Date: 02/08/2024

Capacity: 6

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

II. METHODOLOGY

02/08/2024	On-Line Enrollment
02/12/2024	PSOR on Address Completed
02/12/2024	Contact - Document Sent forms sent
02/14/2024	Contact - Document Received IRS letter, 1326/RI030 & Corps
02/22/2024	File Transferred To Field Office
02/26/2024	Application Incomplete Letter Sent
04/09/2024	Application Complete/On-site Needed
04/09/2024	SC-Application Received - Original
04/10/2024	Inspection Completed On-site
04/10/2024	Inspection Completed-BCAL Full Compliance
04/10/2024	Inspection Completed-Env. Health : A
04/10/2024	Inspection Completed-Fire Safety : A
04/10/2024	Exit Conference
04/10/2024	SC-Inspection Completed On-Site
04/10/2024	SC-Inspection Full Compliance
04/10/2024	SC-Inspection Full Compliance
04/12/2024	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style home is located at 2091 Palm Dale Dr SW Wyoming, Michigan, 49519, in the county of Kent. The facility is owned by Horminy Family LLC. The facility sits in a suburban area and there is an attached garage. The home has vinyl and brick siding. The home has adequate parking for approximately four vehicles. The first floor contains two bedrooms that are not approved for resident use, one full bathroom that is not approved for resident use, one kitchen, one dining area, one living area, and a half

bathroom. The lower level contains three resident bedrooms, a living area, and a full bathroom. There are handrails where required. This facility utilizes public sewer and water systems.

The washer and dryer are located in the lower level of the facility. The furnace and hot water heater are located in an enclosed lower-level utility room, and it is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. 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 system was tested upon the final inspection on 04/10/2024 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.58 x 11.25	141	2
2	12.58 x 11.25	141	2
3	13.58 x 13.33 (minus portable wardrobe)	173	2

Total Capacity: 6

The living and dining room areas measure a total of 878 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition.

The overall maintenance and cleanliness of the home is good.

The landscaping and property are maintained in appropriate condition.

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** male and/or female adults aged 18 years to 99 years, who may be diagnosed as developmentally disabled, aged, physically handicapped, Alzheimer's, traumatically brain injured, and/or mentally ill in the least restrictive environment possible. The facility

is not wheelchair accessible. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

C. Applicant and Administrator Qualifications

Agnes Kamanzi is the Licensee Designee for this home. Medical and Record Clearance requests for Agnes Kamanzi were completed with no restrictions noted on either. Her TB-test results were negative.

Agnes Kamanzi has 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 six-bed facility is 1-staff-to-6 residents at all times.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Mr. Matheka, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Exit Conference completed onsite 04/10/2024.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



04/23/2024

Toya Zylstra, Licensing Consultant

Date

Approved By:



04/23/2024

Jerry Hendrick, Area Manager

Date