



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

Medhanie Debru
7789 Camille Court
Ypsilanti, MI 48198

RE: Application #: AS330418130
M & T Care AFC
5400 Park Lake Road
East Lansing, MI 48823

Dear Medhanie Debru:

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330418130
Applicant Name:	Medhanie Debru
Applicant Address:	7789 Camille Court Ypsilanti, MI 48198
Applicant Telephone #:	(734) 961-7642
Licensee Designee:	Medhanie Debru
Administrator:	Medhanie Debru
Name of Facility:	M & T Care AFC
Facility Address:	5400 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(734) 239-5912
Application Date:	12/27/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/27/2023	Enrollment
12/28/2023	Application Incomplete Letter Sent Requested 1326/RI030
12/28/2023	Contact - Document Sent- forms sent.
12/28/2023	PSOR on Address Completed
02/02/2024	Contact - Document Sent- sent app incomplete letter again via email and also mail
02/14/2024	Contact - Document Received 1326/RI030
02/20/2024	File Transferred To Field Office
02/21/2024	Application Incomplete Letter Sent
03/26/2024	Contact-Documents Received -Proof of Ownership, Negative TB Results, Program Statement, Admission / Discharge Policy, Personnel Policies, Job Descriptions, Proposed Staffing Pattern, Organization Chart, Floor Plan, Financial Statements.
04/22/2024	Contact-Documents Received -Diploma, Training.
04/23/2024	Application Incomplete Letter Sent -Training requirements, job descriptions.
06/03/2024	Inspection Completed On-site
06/04/2024	Contact-Document Received -Furnace Inspection.
06/04/2024	Contact-Document Received -Verification of egress door hardware.
06/04/2024	Inspection Completed-BCHS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story, ranch home located in a suburb of Lansing, Michigan. This facility is less than four miles from University of Michigan Health. There are multiple restaurants and convenience stores, as well as several churches and parks located within two miles of this facility. The facility has a paved driveway, which provides ample

parking for visitors and staff. Attached to the facility is a two-car garage with concrete floors and room for storage.

The main level of the facility consists of a combined living and dining, kitchen, one full bathroom, and three semi-private resident bedrooms. The second level of this facility has two additional bedrooms and bathroom that will not be used by residents. This facility is not wheelchair accessible. This facility has public water and public sewage.

The gas furnace was inspected on 06/04/2024 and is fully operational. A 20-minute metal fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement floor and accessible from a main level hallway, creating floor separation. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'4" X 22'2"	229	2
2	15'8" X 12'3"	191	2
3	11'7" X 13'4"	154	2

The living, dining, and sitting room areas measure a total of 468 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

The applicant intends to provide 24-hour supervision, protection, and personal care to six male and female ambulatory residents whose diagnosis is aged, developmentally disability, and mental illness in the least restrictive environment possible. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from outings and appointments. The applicant intends to accept residents from Community Mental Health Authority of Clinton, Eaton, and Ingham.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

A licensing record clearance request was completed with no convictions recorded for Medhanie Debru. Medhanie Debru submitted medical clearance requests with statements from a physician documenting their good health and current negative tuberculosis test results.

Medhanie Debru has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Medhanie Debru have provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Medhanie Debru previously own a licensed facility and has over fourteen years' experience providing direct care to the populations that will be served in this facility. Medhanie Debru has over ten years of experience as a registered nurse in a critical care setting.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to change in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received

medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged 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 issuance of a six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.



06/07/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



06/11/2024

Dawn N. Timm
Area Manager

Date