



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 11, 2024

Elsabeth Engeda  
2843 Turtle Creek Dr.  
East Lansing, MI 48823

RE: Application #: AS330418325  
**Kalkidan AFC 4**  
**5350 Park Lake Rd**  
**East Lansing, MI 48823**

Dear Ms. Engeda:

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 5 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 cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330418325
<b>Applicant Name:</b>	Elsabeth Engeda
<b>Applicant Address:</b>	2843 Turtle Creek Dr. East Lansing, MI 48823
<b>Applicant Telephone #:</b>	(517) 336-4490
<b>Administrator/Licensee:</b>	Elsabeth Engeda
<b>Name of Facility:</b>	Kalkidan AFC 4
<b>Facility Address:</b>	5350 Park Lake Rd East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 908-3333
<b>Application Date:</b>	03/05/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

03/05/2024	Enrollment ck 2866 \$150.00
03/14/2024	Application Incomplete Letter Sent
03/14/2024	PSOR on Address Completed
03/14/2024	Contact - Document Sent- forms sent
03/25/2024	Contact - Document Received
04/09/2024	File Transferred To Field Office
04/11/2024	Application Incomplete Letter Sent Emailed to licensee, Elisabeth Engeda.
04/16/2024	Contact - Document Received Email correspondence with supporting documents received from licensee, Elisabeth Engeda.
04/17/2024	Contact - Document Sent Email correspondence sent to licensee, Elisabeth Engeda, requesting additional information for application.
04/25/2024	Contact - Document Received Requested documents received from licensee, Elisabeth Engeda.
04/29/2024	Contact - Document Sent Documents received via email from licensee, Elisabeth Engeda, were reviewed today. Email correspondence sent to Ms. Engeda requesting furnace inspection, electrical inspection, Personnel Policy. Awaiting response.
05/29/2024	Application Complete/On-site Needed
05/29/2024	Inspection Completed On-site
05/29/2024	Inspection Completed-BCAL Sub. Compliance
06/04/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home, located at 5350 Park Lake Rd., East Lansing, MI, in Meridian Township, is a 3-bedroom, 1.5 bathroom ranch home. The home is located near the Central Meridian Uplands Natural Area, The Meridian Mall, and a variety of other local businesses for shopping, dining, and entertainment. The main floor of the home consists of three resident bedrooms. Two resident bedrooms have capacity for two residents and the third bedroom has capacity for one resident. The home has 1.5 bathrooms on the main level. The half bathroom is located near the front entrance, adjacent to the kitchen. The full bathroom is located near the resident bedrooms and has a large stand-up shower with glass door enclosure, and a separate soaking tub. The bedrooms and bathrooms all have doors that are equipped with positive-latching non-locking against egress hardware. The basement of the home contains the furnace, water heater, and laundry services, as well as a finished area for direct care staff sleeping quarters. The ceiling in the finished area of the basement is composed of ceiling tiles which have been determined to be Class A fire rated. The basement does not consist of two means of egress, one of which leading directly to the outside, therefore will not be able to be used for regular resident activities. The main level has a kitchen, which walks into the dining area. The dining area leads into the living room area. The home has three exits from the main level which are equipped with positive latching non-locking against egress hardware. The front door, a sliding door which leads to the unfenced backyard, and an exit door from the kitchen into the garage. The garage also has a side exit door leading out of the garage to the backyard. The home is not equipped with wheelchair ramps at any of the described exits and is not considered barrier free, therefore the home cannot accommodate a resident who requires the use of a wheelchair. The home relies on public water and sewer services.

The gas furnace 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 bottom of stairs. The facility has air conditioning. It does not have a generator for emergency power outages. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. A recent Furnace, water heater, and electrical inspection were completed on the home and found these areas to be in compliance.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8 x 9'11	115.7sqft	1
2	10'7 x 15'2	160.5sqft	2
3	11'8 x 13'6	157.5sqft	2

Dining Room	11'10 x 8'11	105.5sqft	N/A
Living Room	14'2 x 23'2	328.2sqft	N/A

The living, dining, and sitting room areas measure a total of 433.7 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 **five** (5) 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 **five** (5) male or female ambulatory adults whose diagnosis is aged, 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 Clinton Eaton Ingham County CMH, 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 arrange 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, Elisabeth Engeda, 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 additional adult foster care facilities she owns and operates in the local community.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/Administrator, Ms. Engeda. Ms. Engeda submitted a medical

clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Engeda has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has multiple years of experience owning and operating additional adult foster care facilities in the local community. She provides oversight and direct care at these facilities for residents who are aged and/or diagnosed with mental illness or developmental disability.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff –to- 5 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. Ms. Engeda reported that the sleeping direct care staff members will be required to perform rounding every two hours and there will be call buttons available for resident use to alert a sleeping staff member of their needs during the night 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. This home is located adjacent to an adult foster care facility that Ms. Engeda owns and operates at 5340 Park Lake Rd. East Lansing, MI. Ms. Engeda will not rely upon roaming staff from the adjacent facility to meet the needs of the residents of this home.

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 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 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 may only reside on the main floor of the facility in approved bedrooms.

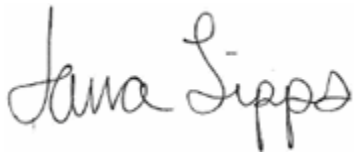


**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of five residents.



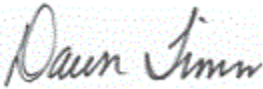
6/4/24

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Jana Lipps  
Licensing Consultant

Date

Approved By:



06/11/2024

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Dawn N. Timm  
Area Manager

Date