



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 20, 2024

Myrtha Montas
1129 West Ionia Street
LANSING, MI 48915

RE: Application #: AS330408377
Yahve Nissi Home Care Agency
1129 West Ionia Street
Lansing, MI 48915

Dear Myrtha Montas:

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 4 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

| | |
|------------------------------|--|
| License #: | AS330408377 |
| Licensee Name: | Myrtha Montas |
| Licensee Address: | 1129 West Ionia Street LANSING, MI 48915 |
| Licensee Telephone #: | (517) 303-1622 |
| Administrator: | Myrtha Montas |
| Name of Facility: | Yahve Nissi Home Care Agency |
| Facility Address: | 1129 West Ionia Street Lansing, MI 48915 |
| Facility Telephone #: | (517) 694-6233 |
| Application Date: | 04/29/2021 |
| Capacity: | 4 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|--|
| 04/29/2021 | On-Line Enrollment |
| 04/29/2021 | Contact - Document Sent 1326, RI030 & AFC100 |
| 05/04/2021 | Contact - Document Received 1326 & RI030 for Myrtha |
| 05/07/2021 | Contact - Document Received- AFC100 for Myrtha |
| 07/15/2021 | Application Incomplete Letter Sent- originally assigned to DB. |
| 07/15/2021 | Contact - Telephone call received Myrtha Montas was told that she cannot admit residents until the license is issued. No paperwork has been submitted. Myrtha will get the paperwork and submit ASAP. |
| 07/30/2021 | Contact - Document Received- uploaded into SharePoint. |
| 09/02/2021 | Contact - Document Sent- Letter sent requested the documents have not been received yet. |
| 09/16/2021 | Contact - Document Received- put in SharePoint. |
| 09/17/2021 | Contact - Document Received- put in SharePoint. |
| 09/20/2021 | Contact - Document Received- Put in SharePoint. |
| 03/12/2022 | Application Incomplete Letter Sent- Resubmitted 2nd app incomplete ltr via email. Indicated dates an on-site could be completed. |
| 03/18/2022 | Contact - Document Received- Received the exact same documentation licensee designee had already sent into previous consultant despite resending the app incomplete ltr again indicating what additional information was still needed. |
| 03/18/2022 | Contact - Document Received Received credit report and bank statements. |
| 03/19/2022 | Contact - Document Sent- Resent application incomplete letter for the 3rd time indicating I had not received the highlighted documents. |
| 03/19/2022 | Contact - Document Received- Received TB test and medical statement. |

| | |
|------------|--|
| 03/26/2022 | Application Incomplete Letter Sent Resent application incomplete letter for third time indicating documentation I still needed prior to scheduling an on-site inspection. |
| 04/08/2022 | Contact - Document Sent Resent 3rd app incomplete letter via email and asked LD, Ms. Montas if she had reviewed and could provide the required documentation for review prior to scheduling an on-site. |
| 04/12/2022 | Contact - Document Received Received incomplete floor plan. Received program, admission, and discharge statement. |
| 04/14/2022 | Inspection Completed-BCAL Sub. Compliance regarding documentation |
| 07/31/2022 | Contact- Document Received-from licensee. Included budget, organizational chart and discharge policy. |
| 08/11/2022 | Contact- Document sent- resent confirming letter listing items still outstanding. |
| 11/16/2022 | Application Incomplete Letter- resent. |
| 01/23/2023 | Contact- Document Sent. |
| 02/28/2023 | Application Incomplete Letter- sent. |
| 05/24/2023 | Application Complete/ On-site needed. |
| 05/24/2023 | Inspection Completed Onsite. |
| 05/24/2023 | Inspection Completed- BCAL Sub. Compliance. |
| 05/24/2023 | Confirming Letter Sent. |
| 01/03/2024 | Inspection Completed Onsite. |
| 01/03/2024 | Inspection Completed- BCAL Sub. Compliance. |
| 01/09/2024 | Confirming Letter Sent. |
| 06/18/2024 | Inspection Completed- BCAL Full Compliance. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home at 1129 West Ionia St, Lansing, MI 48915, is located in downtown Lansing, near the Michigan History Center, the Letts Community Center and other available community resources. The home is on a quiet city street. The home is a two story, three-bedroom, two-bathroom home. The three bedrooms are all located on the second floor of the home. One bedroom will have occupancy for two residents and the other two bedrooms will be single occupancy rooms. There is a full bathroom on the second floor adjacent to the three bedrooms. This bathroom is equipped with a bathtub/shower combination and the exhaust vent was in working order at the time of the on-site inspection. The main entrance at the front of the home walks into the living room, dining room, and the kitchen on the backside of the home. There is an additional full bathroom on the main level, off from the dining room, with a standup shower. This bathroom was found to have a working exhaust vent at the time of the inspection. There are two means of egress from the main level of the home. Both means of egress have a raised porch area with stairs that must be traversed. This home is not wheelchair accessible as there is not a ramp at both approved means of egress, there are no first-floor bedrooms, and the bathrooms are not barrier free. The home has a working central air conditioning unit for resident comfort. The bedroom, bathroom, and exit doors were all equipped with positive-latching, non-locking against egress hardware at the time of the on-site inspection. This home utilizes public water and sewer services. The laundry services in the home are located in the basement. The basement has an egress window available for evacuation. Regular resident activities will not occur in the basement.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with positive latching hardware located at top of the stairs. 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 applicant provided documentation of a recent furnace and water heater inspection completed on 12/3/23, and a completed electrical inspection on 12/19/23.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-------------|-----------------|----------------------|---------------------|
| 1 | 15 x 12'3 | 183.8sqft | 2 |
| 2 | 10'7 x 9'8 | 102.3sqft | 1 |
| 3 | 12'3 x 9'7 | 117.4sqft | 1 |
| Living Room | 17'11 x 12'3 | 219.5sqft | N/A |
| Dining Room | 10'7 x 12'7 | 133.2sqft | N/A |

The living, dining, and sitting room areas measure a total of 352.7 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 **four (4)** 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 four (4) 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, Tri County Office on Aging, 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 for 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 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 the applicant's outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator, Myrtha Montas. The applicant/Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Montas provided her resume for review which highlighted multiple years of work as a registered

nurse for several area nursing homes and rehabilitation centers, caring for residents who are aged, developmentally disabled, and/or mentally ill.

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 not be awake during sleeping hours. The applicant has verbalized that direct care staff will round on residents every two to three hours during sleeping hours. The applicant acknowledges that if a resident’s assessment plan indicates the need for awake staffing this level of care will be provided. The applicant stated that call buttons will be available for resident use to alert sleeping direct care staff of their needs.

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) 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.

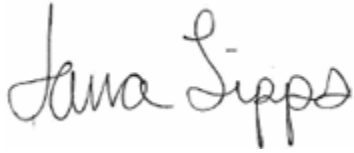
The applicant acknowledges that residents with mobility impairments may not reside in this facility, due to no first-floor bedrooms available for resident use.

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 maximum capacity of four residents.

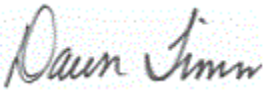


6/20/24

Jana Lipps
Licensing Consultant

Date

Approved By:



06/24/2024

Dawn N. Timm
Area Manager

Date