



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 23, 2024

Triphonie Mukampunga
701 Kensington Dr
Niles, MI 49120

RE: Application #: AF110417966
Orchard Lodge AFC
1531 Orchard Lane
Niles, MI 49120

Dear Ms. Mukampunga:

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 that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure



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

I. IDENTIFYING INFORMATION

License #: AF110417966

Licensee Name: Triphonie Mukampungu

Licensee Address: 1531 Orchard Lane
Niles, MI 49120

Licensee Telephone #: (269) 259-0689

Name of Facility: Orchard Lodge AFC

Facility Address: 1531 Orchard Lane
Niles, MI 49120

Facility Telephone #: (269) 684-0870
10/14/2023

Application Date:

Capacity: 6

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



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II. METHODOLOGY

| | |
|------------|--|
| 10/14/2023 | On-Line Enrollment |
| 10/17/2023 | PSOR on Address Completed |
| 10/18/2023 | Contact - Document Sent forms sent |
| 03/25/2024 | Contact - Document Received 1326/RI030, AFC 100 |
| 03/25/2024 | Contact - Document Received received a note that the address has not been changed but will be. |
| 03/25/2024 | Contact - Document Sent sent an email to licensee to let me know once she has updated her address with the secretary of state. informed her that i cannot process it without the address updated. |
| 04/01/2024 | Contact - Document Received email that she updated her address |
| 04/09/2024 | Application Incomplete Letter Sent |
| 06/10/2024 | Application Incomplete Letter Sent |
| 07/12/2024 | Application Complete / On-site needed |
| 09/14/2024 | Inspection Complete-Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Orchard Lodge AFC is a new construction ranch style home in a residential neighborhood in Niles, MI. The home is owned by Triphonie Mukampunga. On file is

proof of ownership. There are three double occupancy bedrooms and two full bathrooms on the main floor. Also located on the main floor are the kitchen, living room and laundry room. The home is not wheelchair accessible however there are two approvable means of egress on the main floor. The facility utilizes public water and sewer systems. The gas furnace and 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 the bottom of the stairs. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. There are fire extinguishers located on the main floor as well as the basement of the home.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|------------------|----------------------|---------------------|
| 1 | 13' 3" X 11' 10" | 156.79 | 2 |
| 2 | 11' 9" X 12' 1" | 141.98 | 2 |
| 3 | 12' 1" X 11' 11" | 143.99 | 2 |

The living, dining, and sitting room areas measure a total of 437 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 (6) ambulatory residents, who are elderly or have a dementia diagnosis. 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. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from 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, or the responsible person.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant and administrator is Triphonie Mukampunga who is the sole owner of Orchard Lodge AFC. The responsible person is Ms. Mukampunga's son, Gilles Nsengiyumva. Ms. Mukampunga graduated from Lake Michigan College in 2003 and is a Registered Nurse. Ms. Mukampunga had worked at River Ridge Nursing Home in Niles, MI. since 2003 which makes her uniquely qualified to work with an aged population.

The applicant(s) have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with (1) responsible person on-site for (6) residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all

required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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, 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-6).

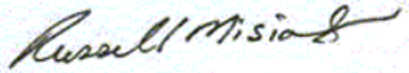


9/26/24

Nile Khabeiry
Licensing Consultant

Date

Approved By:



10/8/24

Russell B. Misiak
Area Manager

Date