



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024

Anna Masambaji
Kekelis AFC INC
PO BOX 26243
Lansing, MI 48909

RE: Application #: AS330418462
Kekelis AFC Home At Fairfax
2511 Fairfax Rd
Lansing, MI 48910

Dear Mrs. Masambaji:

Attached is the Original Licensing Study Report and Special Certification for Mentally Ill and Developmentally Disabled 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,

Bridget Vermeesch

Bridget Vermeesch, 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 #:	AS330418462
Licensee Name:	Kekelis AFC INC
Licensee Address:	PO BOX 26243 Lansing, MI 48909
Licensee Telephone #:	(517) 980-1925
Licensee Designee:	Anna Masambaji
Administrator:	Anna Masambaji
Name of Facility:	Kekelis AFC Home At Fairfax
Facility Address:	2511 Fairfax Rd Lansing, MI 48910
Facility Telephone #:	(517) 980-1925
Application Date:	05/09/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/09/2024	On-Line Enrollment
05/13/2024	PSOR on Address Completed
05/13/2024	Contact - Document Sent- forms sent
07/02/2024	Contact - Document Received- licensee inquiry on status of application.
07/02/2024	Contact - Document Sent- emailed licensee regarding what documents are still needed.
07/03/2024	File Transferred To Field Office
08/06/2024	Application Incomplete Letter Sent
09/20/2024	SC-Application Received - Original Letter with intent to contract with CEI-CMH.
09/20/2024	SC-ORR Response Requested
09/20/2024	SC-ORR Response Received-Approval
09/24/2024	Application Complete/On-site Needed
09/24/2024	Inspection Completed On-site Review of physical plant and policies/procedures.
09/24/2024	Inspection Completed-BCAL Full Compliance
09/24/2024	SC-Inspection Completed On-Site
09/25/2024	SC-Recommend MI and DD
09/24/2024	SC-Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kekelis AFC Home At Fairfax is a two-story Cape Cod, with a full finished basement located in Colonial Village in the city of Lansing, Michigan. Kekelis AFC Home At Fairfax has four bedrooms, two of the bedrooms are located on the main floor with two additional bedrooms located on the second floor. One of the second floor resident bedroom is an ensuite with its own private full bathroom with a standup shower. The

facility has three full bathrooms, one full bathroom on the main floor with a bathtub shower combination. The additional two full bathrooms are located on the second floor, one with a bathtub/shower combination and one with a walk-in shower attached to a bedroom. The facility has a living room and dining room combination on the main floor and off the dining room is the kitchen area. There is also a family room area located in the basement however residents will not have access to the basement as living space but only for laundry services. The basement has two approved forms of egress including the staircase leading directly to an exit and an egress window leading directly to the outside. Residents are not able to use the basement living area for recreational use because there is no fire rated door attached to one of the heat plant rooms in the basement. Kekelis AFC Home At Fairfax is NOT wheelchair accessible due to all exits/entrances requiring the use of steps with no wheelchair ramps available for resident use. The facility utilizes public water and sewage.

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 top of stairs and on the basement room that houses the gas hot water heater and furnace. The facility is equipped with interconnected, wi-fi smoke detection system, with a 10 year battery backup, 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 front first floor bedroom	13'6" X 10'4"	141.44 sq. ft	2 (possibly 1 resident if private bedroom is requested)
#2 back first floor bedroom	9'6" X 11'4"	109.44 sq. ft	1 resident
#3 non-ensuite bedroom upstairs	14'6" X 9'9"	144.54 sq. ft	2 residents
#4 ensuite bedroom upstairs	12'6" X 14'4" 8' X 3'	181.44 sq. ft	2 residents
Main Floor Living-Dining Room	13'2" X 25'8"	340.56 sq. ft	

The living, dining, and sitting room areas measure a total of 340.56 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. Although some of the resident bedrooms are large enough to accommodate a same sex roommate or a married couple, the applicant understands the license capacity of 6 residents cannot be exceeded. 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled and/or mental illness 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 as necessary. The applicant intends to accept residents from CEI 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 provide 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 is Kekelis AFC INC., which is a "For Profit Corporation" which was established in Michigan, on 08/04/2014. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Kekelis AFC INC. have submitted documentation appointing Anna Masambaji as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Anna Masambaji, licensee designee and the administrator. Anna Masambaji submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Anna Masambaji have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Anna Masambaji has

worked with residents diagnosed with mental illness and developmental disability for many years. Anna Masambaji owns and operates many successful licensed adult foster care facilities in the Lansing area.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 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 be awake during sleeping 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. 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 designees 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 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 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 only reside on the main floor of the facility. The applicant acknowledges that the facility is not handicapped accessible and will not accept residents who require wheelchairs for mobility.

D. Rule/Statutory Violations

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

RECOMMENDATION:

I recommend issuance of a temporary license and special certification to this AFC adult small group home with a capacity of six residents.

Bridget Vermeesch

09/30/2024

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

10/02/2024

Dawn N. Timm
Area Manager

Date