



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2024

Roland Awolope
6425 Trotwood Street
Portage, MI 49024

RE: Application #: AS390418731
Radiant Adult Foster Care
5204 Beech Ave
Kalamazoo, MI 49006

Dear Roland Awolope:

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 "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418731
Licensee Name:	Roland Awolope
Licensee Address:	6425 Trotwood Street Portage, MI 49024
Licensee Telephone #:	(269) 873-4532
Administrator:	Roland Awolope
Licensee Designee:	N/A
Name of Facility:	Radiant Adult Foster Care
Facility Address:	5204 Beech Ave Kalamazoo, MI 49006
Facility Telephone #:	(269) 873-4532
Application Date:	08/08/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/08/2024	On-Line Enrollment
08/09/2024	PSOR on Address Completed
08/09/2024	Contact - Document Sent - forms sent - decided to request new Fps since middle of August already.
08/20/2024	Contact - Document Received - 1326/RI030
08/22/2024	Contact - Document Received - 1326/RI030
08/23/2024	File Transferred To Field Office
08/23/2024	Application Incomplete Letter Sent - Sent via email to licensee
09/13/2024	Contact - Document Received - Received the following via email from licensee: Deed, floor plan, medical clearance and TB confirmation, program statement, Bank statement, budget, evacuation plan, floor plan, and Licensee's required training
09/16/2024	Inspection Completed-BCAL Sub. Compliance - Based on review of documentation provided on 9/13/24.
09/19/2024	Contact - Document Received - via email: smoke alarm inspection, admission and discharge documentation.
09/23/2024	Inspection Completed-BCAL Sub. Compliance - Based on my review of admission and discharge policies.
10/02/2024	Contact - Document Received - Received updated personnel policies, specialized license request application, and inspection report for the water boiler, air humidifier, and water heater
10/04/2024	Contact - Document Received - Received designee/administrator training verification.
10/04/2024	Inspection Completed On-site
10/04/2024	Inspection Completed-BCAL Sub. Compliance
10/04/2024	Contact - Document Received - Received licensee's training verification, first aid, and statement about not utilizing the fireplaces or water feature.
10/21/2024	Contact - Document Received - Received emails containing ceiling tile (class C doc) information, smoke alarm information, and updated floor and evac plans.

10/22/2024	Application Complete/On-site Needed
10/24/2024	Inspection Completed On-site
10/24/2024	Inspection Completed-Env. Health: A - Consultant completed the environmental health approval
10/29/2024	Contact – Document Received – electrical inspection
10/29/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a walkout basement in Oshtemo township; however, it has a country type feel due to the backyard connecting to a wooded area. The home is located within a few minutes to a variety of restaurants, grocery stores, and shopping. The home is within a five-minute drive to 131 highway, approximately 10 minutes to the 131 highway and I-94 interchange and 10 minutes to downtown Kalamazoo. It is also in close proximity to local churches, schools, and areas for walking. Due to home's location, it utilizes the public water and sewage systems.

The front door of the facility opens into an entryway leading to the facility's kitchen, dining and living rooms. The entryway also has stairs to the facility's finished basement. On the main level are three resident bedrooms and a bathroom. This bathroom contains a sink, toilet and shower/bathtub combination. The bathroom has a mechanical fan for ventilation. The facility's primary means of egress on the main floor will be the facility's front door and the second means of egress will be off the kitchen, which connects to the garage. Residents, direct care staff, and visitors can exit the garage through the garage door or a side door on the opposite side of the garage. The applicant understands this garage area needs to be clear and free of obstruction since it is a secondary means of egress out of the facility. The facility does not have wheelchair ramps; therefore, it is not wheelchair accessible.

The basement consists of two resident bedrooms, two separate living spaces, a mechanical room, and a bathroom, which contains a sink, toilet and stand-up shower. The bathroom does not have a mechanical fan, but there is a window for ventilation. The basement is a walkout with both a regular door and a slider door.

There are multiple woodburning fire places in the facility located on both the main level and in the basement; however, the applicant provided written statements these fireplaces will not be utilized for either primary or supplemental heat sources.

Additionally, there is a large water feature in the facility's backyard; however, during the inspection it was drained of water. The applicant also submitted a written statement this water feature would not be utilized.

The facility is heated with a boiler system, which was inspected on 09/25/2024 and determined to be functioning properly and in good working condition. The boiler, hot water heater, and washer/dryer are located in the facility's basement within a mechanical room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. Additionally, the licensee created floor separation within the facility by installing a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware, at the top of the basement stairs.

The facility is equipped with a wireless interconnected smoke detection system identified as "X-Sense", with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected on 09/11/2024 and determined to be in the correct locations, interconnected and functioning properly. Smoke alarms are located in the facility's mechanical room, at the bottom of basement stairs, in the basement's second living area, in each bedroom, in the dining and living rooms and in the facility's main level hallway. The facility's electrical system was inspected on 10/15/2024 whereas it was determined to be functioning and good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9" x 11'8"	125 sq ft	1
2	10' x 11'8"	116 sq ft	1
3	10'1" x 13'6"	136 sq ft	1
4	19'2" x 11'2"	214 sq ft	2
5	12'7" x 12'	151 sq ft	1

The living, dining, and sitting room areas measure a total of **691** 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 offer a specialized program for the developmentally disabled and mentally ill populations with services and supports that will meet the unique

programmatic needs of these populations, as set forth in each resident's *Assessment Plans for AFC Residents* and individual plans of service.

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, mentally ill, aged, and/or physically handicapped, in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. If required, personal behavior support plans will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, Senior Care Partner programs and/or private pay individuals as referral sources.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plans. 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 transportation for program and medical needs as specified in the *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 public schools and libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Rule/Statutory Violations

The applicant, Roland Awolope, 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.

A criminal history check was conducted and determined Roland Awolope was of good moral character and eligible for employment in a licensed adult foster care facility. Roland Awolope submitted a statement from a physician documenting his good health and current negative TB test results, dated 08/13/2024 and 08/12/2024, respectively.

The applicant and Administrator, Roland Awolope, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Since approximately January 2020, Roland Awolope has been the licensee and administrator to two other adult foster care facilities within Kalamazoo, Michigan. Roland Awolope also worked as a direct care staff providing medication, assisting with daily living skills, meal prepping, bathing, and taking residents on outings and participating in

activities. Roland Awolope has worked with residents who are developmentally disabled, mentally ill, physically handicapped, and aged. In addition, Roland Awolope, has taken several college classes at a local community college focusing on the health sciences.

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 acknowledges 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 acknowledges 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 acknowledged 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 only reside on the main floor of the facility.

D. Rule/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 small group home (capacity 1 - 6).

Cathy Cushman

10/29/2024

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

10/30/2024

Dawn N. Timm
Area Manager

Date