



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 18, 2024

Wycliffe Opiyo  
Mercy Homes Assisted Living LLC  
2901 Asbury St.  
Kalamazoo, MI 49048

RE: Application #: AS390418599  
**Imani Home AFC**  
**2819 Asbury Ave**  
**Kalamazoo, MI 49048**

Dear Wycliffe Opiyo:

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**

<b>License #:</b>	AS390418599
<b>Applicant Name:</b>	Mercy Homes Assisted Living LLC
<b>Applicant Address:</b>	2901 Asbury St. Kalamazoo, MI 49048
<b>Applicant Telephone #:</b>	(817) 781-6512
<b>Administrator:</b>	Wycliffe Opiyo
<b>Licensee Designee:</b>	Wycliffe Opiyo
<b>Name of Facility:</b>	Imani Home AFC
<b>Facility Address:</b>	2819 Asbury Ave Kalamazoo, MI 49048
<b>Facility Telephone #:</b>	(817) 781-6512
<b>Application Date:</b>	06/11/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

06/11/2024	Enrollment - requested 1326/RI030 and AFC100. Also requested if location has public sewer or not
06/14/2024	Application Incomplete Letter Sent
06/14/2024	PSOR on Address Completed
06/14/2024	Contact - Document Sent - forms sent
08/23/2024	File Transferred To Field Office
08/23/2024	Application Incomplete Letter Sent - Sent via email.
10/08/2024	Contact - Document Received - Received via email: layout, evac plan, tax documents/proof of ownership, medical/TB tests, program statement, staffing pattern, admission/discharge/refund policies, org chart, budget, training including CPR/1st aid, resume.
10/31/2024	Inspection Completed On-site
10/31/2024	Inspection Completed-BCAL Sub. Compliance
11/01/2024	Contact - Document Sent - Sent confirming letter addressing 10/31/2024 onsite inspection and review of facility documentation. Also sent original application for specialized certification.
11/12/2024	SC-Application Received – Original
11/12/2024	Contact - Document Received - Received basement layout, updated admission policy, proof of occupancy.
11/12/2024	Contact – Document Received - Proof of occupancy documents electrical and mechanical inspection dates.
11/14/2024	Application Complete / On-site Needed
11/14/2024	Inspection Completed On-site - Confirmed physical plant issues corrected
11/14/2024	Inspection Completed – Env. Health: A - Completed by consultant due to public water/sewer
11/14/2024	Contact – Document Received - Received written evac procedures and verification fire door closes

11/15/2024	Inspection Completed – BCAL Full Compliance
11/15/2024	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a new construction ranch with a basement in the process of being finished. The facility was built in a neighborhood on the Northeast side of Kalamazoo. It is an approximate five minute drive to downtown Kalamazoo, an approximate eight minute drive to I-94 highway, and an approximate five minute drive to local shops, stores, shopping, gas stations, and restaurants. Due to the facility's location, it utilizes both public sewer and water.

The facility's front door and primary means of egress leads to the facility's living room, dining room, and kitchen. The kitchen has a sliding door leading directly to the facility's backyard. The left side of the facility has a hallway with four resident bedrooms, a room with the electric washer/dryer, and two bathrooms. The first bathroom in the hallway consists of a toilet, sink, stand up shower, and mechanical fan for ventilation. The second bathroom, across from the laundry room, consists of a sink, toilet, and stand up shower. This bathroom is also connected to resident bedroom #3; however, the connecting door will be kept locked. Subsequently, the resident residing in bedroom #3 will not have direct access to this bathroom. The right hand side of the facility has another hallway with a resident bedroom near the living room. In the hallway is a door to the garage, a three-step stairway down to the facility's second means of egress to the back of the facility, a staff office, a small room for storing documents/faxing, and the final resident bedroom. This resident bedroom has an electric mini split heater.

There are no wheelchair ramps on the facility; therefore, it is not wheelchair accessible.

The facility's basement stairs are located near the kitchen and living room. The facility's 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 the top of the stairs to create floor separation. The licensee designee intends to eventually reside in the facility's basement once it is completely finished. The basement has a second means of egress via stairs to the outside and the licensee designee's bedroom has an egress window. Prior to residing in the basement, the licensee designee will enclose the furnace room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. Residents will not access the basement area.

Due to the facility being a new construction, a certificate of occupancy was issued on 09/09/2024 by Kalamazoo Area Building Authority. The certificate of occupancy documented approval dates of 08/07/2024, 08/03/2024, and 09/06/2024 for the facility's electrical, mechanical, and plumbing, respectively.

The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The licensee submitted documentation, dated 11/13/2024, by Odeum Design Collaborative documenting the facility's smoke alarm and carbon monoxide detectors were installed and inspected as needed by the respective building inspectors. The facility's smoke alarms are located in each bedroom, in the hallways, near living spaces, in the basement, and in the facility's furnace room.

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' x 9'4"	102 sq ft	1
2	12'3" x 11'1"	135 sq ft	1
3	12'3" x 11'1"	135 sq ft	1
4	11'5" x 10'5"	118 sq ft	1
5	11' x 9'8"	106 sq ft	1
6	12'2" x 9'10"	119 sq ft	1

The living, dining, and sitting room areas measure a total of 380 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 applicant understands the importance of resident compatibility. The applicant understands that he shall not admit or keep any residents whose requirements and service needs are incompatible with those of the other

residents in the home. Due to the home not being wheelchair accessible, the licensee agrees to not accept any physically handicapped residents requiring wheelchair accessibility.

The homes program statement indicates that the home will encourage and foster resident independence in a family like setting, while treating each resident with dignity and respect. Social interaction, personal hygiene, personal adjustment skills and public safety skills will be provided to each resident in accordance with their individual written assessment plan. The home's program statement indicated that staff members in the home will be trained to be competent in providing individualized services outlined in the resident's written assessment plans. The applicant intends to accept residents from local Department of Health and Human services, Community Mental Health agencies, Senior Services, or private pay individuals as referral sources.

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 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. Applicant and Administrator Qualifications**

The applicant is Mercy Homes Assisted Living, L.L.C., a "Domestic Limited Liability Company", was established in Michigan on 12/22/2015. 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 applicant indicates the company has no history of bankruptcy or having assets frozen.

The members of Mercy Homes Assisted Living, L.L.C. have submitted documentation appointing Wycliffe Opiyo as licensee designee and administrator for this facility. Mr. Opiyo has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Opiyo has owned and operated multiple adult foster care facilities for the mentally ill, developmentally disabled and aged populations since 2016. Prior to that, he had several years of experience providing direct care and personal health care services to individuals with mental illnesses and individuals with developmental disabilities. The licensing file contains verification of substantial training for Mr. Opiyo.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. Opiyo. Mr. Opiyo submitted a medical clearance reference with statements from a physician documenting his good health and current negative TB results.

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](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, 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 residents 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 with a capacity of six residents.



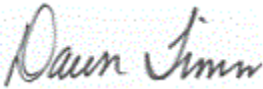
11/15/2024

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



11/18/2024

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Dawn N. Timm  
Area Manager

Date