



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 12, 2024

Beatrice Nzayisenga
5090 Amanda Drive SW
Wyoming, MI 49418

RE: Application #:	AS410418208 Ruta's Home Care 5090 Amanda Dr SW Wyoming, MI 49418
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Dear Ms. Nzayisenga:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418208
Applicant Name:	Beatrice Nzayisenga
Applicant Address:	5090 Amanda Drive SW Wyoming, MI 49418
Applicant Telephone #:	(616) 589-7682
Administrator/Licensee Designee:	N/A
Name of Facility:	Ruta's Home Care
Facility Address:	5090 Amanda Dr SW Wyoming, MI 49418
Facility Telephone #:	(616) 589-7682
Application Date:	01/28/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED, MENTALLY ILL

II. METHODOLOGY

01/28/2024	Enrollment
01/28/2024	Application Incomplete Letter Sent Requested 1326/RI030
01/28/2024	PSOR on Address Completed
01/28/2024	Contact - Document Sent forms sent
02/26/2024	Contact - Document Received 1326 & AFC100
03/12/2024	File Transferred to Field Office
03/13/2024	Contact - Document Received Email from Alyson Brummitt re: file transfer OLSR
03/14/2024	Application Incomplete Letter Sent
05/22/2024	Contact - Document Sent Inactive letter sent to applicant.
06/03/2024	Contact - Document Received
06/14/2024	Contact - Document Received Original docs
06/23/2024	Contact - Telephone call received Applicant Beatrice called to see if I received documents.
07/18/2024	Contact - Document Sent OLSR letter for documents still needed for licensing original.
08/01/2024	Inspection Completed On-site
08/01/2024	Inspection Completed-BCAL Sub. Compliance
09/10/2024	Inspection Completed On-site
09/10/2024	Inspection Completed-BCAL Sub. Compliance
09/17/2024	Contact - Document Received Request via email for next inspection date of 09/26/2024.
09/19/2024	Contact - Document Sent

	Date set for next inspection is 09/26/2024.
09/25/2024	Contact - Document Sent Emailed Beatrice about the pool, request a pool policy due to Bea's aversion to swimming.
09/26/2024	Inspection Completed-BCAL Sub Compliance.
09/26/2024	Inspection Completed-Env. Health: A.
10/03/2024	Contact-Document Received Verification of locks on pool, pool policy, statement on fireplace, job descriptions and other facility paperwork.
10/15/2024	Contact-Document Sent Requested statement from a licensed electrician re: interconnectivity of the smoke detectors.
10/20/2024	Contact-Document Received Document of the licensed electrical inspection and videos of the locked, enclosed pool area, pool is covered and will not be used.
11/04/2024	Contact-Document Received Interconnected smoke detectors, letter from electrician.
11/04/2024	Contact-Document Received Second letter from electrician-CO2 and interconnected smoke detectors.
11/04/2024	Application Complete/On-site Needed.
11/04/2024	Inspection Completed On-site.
11/04/2024	Inspection Completed-BCAL Full Compliance
11/12/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ruta's home care is a two-story brick home located within an established neighborhood of similar homes in Wyoming, a suburb of the Greater Grand Rapids area. The home is located near many restaurants, grocery stores, shops, convenience stores, and a large mall. When you enter the front door of the home, there is a large entry with high

ceilings. The steps to the upper lever of the home are visible as you enter the front door, to the right is a den, or sitting room for resident use, to the left is a large office enclosed with two sets of doors. The office doors include one entry/exit door to the large entry foyer and one entry/exit to the living room. From the foyer area, there is a small hallway with a door leading to the basement and a closet, once through the hallway you enter the dining area, to one side of the dining area there is a full kitchen, laundry room, full bathroom, and a door leading to a two-stall garage. On the opposite side of the dining area there is a large living room for resident use. Spanning across the living and dining room, are two large sliding glass doors leading to the back deck. Beyond the deck is a large fenced in area with an in-ground pool. The applicant has submitted a pool policy as part of the facility paperwork and the pool will not be used.

The upper level of the home has three resident bedrooms and a full bathroom for resident use. One of the resident bedrooms has a full bathroom for use by the resident(s) who reside in that bedroom only.

The lower level of the home will not be utilized by residents and will be an area for staff only.

The home is not wheelchair accessible and therefore, residents who require the use of a wheelchair cannot be accommodated in this home. The home utilizes public water and sewer system.

The gas furnace and hot water heater are 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. The applicant had the furnace inspected by a professional company during the licensing process. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was inspected and approved 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	12.17X12.66	154	2
2	12.17X12.66	154	2
3	13.17X15.25+ 7.66X5.42	243	2

The living, dining, and sitting room areas measure a total of 549 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** 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 **six** male or female ambulatory adults whose diagnosis is 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 Kent County-DHS, Kent County CMH, or residents from other counties as well as 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 unless otherwise indicated in the Resident Care Agreement. The facility will make provision for a variety of leisure and recreational activities. 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 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 outside employment.

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff -to- 6 residents for first and second shifts and 1 staff -to-6 residents for third 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, 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 to document the date and amount of the adult foster care service fee paid each month and all 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.

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 6).

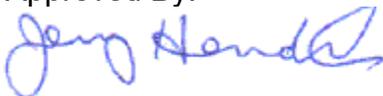


11/12/2024

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



11/12/2024

Jerry Hendrick
Area Manager

Date