



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 31, 2024

Musu Sonnie-Williams
AYEE HOMECARE LLC
6897 Dale Hollow Dr. SE
Caledonia, MI 49316

RE: Application #: AS410418386
AYEE HOMECARE LLC
5877 South Parkway Ave SE
Kentwood, MI 49508

Dear Ms. Musu Sonnie-Williams:

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 5 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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410418386

Licensee Name: AYEE HOMECARE LLC

Licensee Address: 6897 Dale Hollow Dr. SE
Caledonia, MI 49316

Licensee Telephone #: (616) 648-3246

Administrator/Licensee Designee: Musu Sonnie-Williams, Designee
Saibo Wonplo Williams, Administrator

Name of Facility: AYEE HOMECARE LLC

Facility Address: 5877 South Parkway Ave SE
Kentwood, MI 49508

Facility Telephone #: (616) 381-5066

Application Date: 04/10/2024

Capacity: 5

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

II. METHODOLOGY

04/10/2024	On-Line Enrollment
04/11/2024	PSOR on Address Completed
04/11/2024	Contact - Document Sent forms sent
05/14/2024	Contact - Document Received 1326/RI030 for Musu and Saibo
05/14/2024	Contact - Document Sent Emailed Musu to see if she now wants Saibo added as licensee also
06/14/2024	File Transferred To Field Office
06/25/2024	Contact - Telephone call made Discussed how to get started.
06/28/2024	Application Incomplete Letter Sent
07/26/2024	Contact - Document Received Email from Applicant
08/02/2024	Contact - Document Received Email test because their email was not working.
08/05/2024	Contact - Document Received Questions
08/08/2024	Contact - Document Received Email received with attached documents, but I can't print them.
09/24/2024	Contact - Document Received Email with documents, can't reach the documents.
09/25/2024	Contact - Document Received email received can't see them,
09/26/2024	Contact - Document Received Email received but can't reach the documents,
09/27/2024	Contact - Document Received Email received that they would leave their documents off in the State building with the guard.

09/30/2024	Contact - Document Received Received their packet of their documents that are required for licensure.
10/02/2024	Contact - Document Received Email received confirmed received their documents.
10/24/2024	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is of wood construction with a main floor and a lower floor (finished basement). The home is in the city of Kentwood. The home has a front porch. The main floor has a kitchen, dining room, and a living room with a deck off it with no exit off the deck. This main floor has a full bathroom and two resident bedrooms. There is a two-stall attached garage. There is a stair way to the lower level and there is a large family room, a full bathroom, a laundry room and one resident bedroom. There is a deck off the lower level and a direct exit to the outside. There is a small bedroom located on the lower floor and the staff will use this room. The home is not wheelchair accessible. The home will utilize public water and sewage system.

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 bottom of the stairs. In the basement in a room that is 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. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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 Main floor	14' 8" x 12'	175.92	2
#2 Main floor	10' 8" x 9' 10" plus 4' 2" x 2' 5"	114.87	1
#3 lower level	13' x 12'	156	2

The living, dining, on the main floor and the family room on the lower-level areas measure a total of 588.87 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 **five** 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 **five** (5) 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 Department of Health and Human Services, Kent County, network 180, Kent County CMH, as a referral source or private pay individuals.

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 by hiring a transportation service. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's and her spouse who both have outside full time employment.

The applicant Ayee Homecare LLC which is a "For Profit Corporation" and was established in Michigan, on 04/12/2024. 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 Ayee Homecare LLC, Inc. have submitted documentation appointing Musu Sonnie-Williams Designee for this facility and Saibo Wonplo Williams as the Administrator of the facility.

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

The licensee designee 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 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 not 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 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.

