



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 21, 2025

Dinah Mukwada
6423 S47th Street
CLIMAX, MI 49034

RE: Application #: AS130418635
JD Cares LLC
452 W. Jackson Street
Battle Creek, MI 49037

Dear Ms. Mukwada:

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 (616) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130418635
Licensee Name:	Dinah Mukwada
Licensee Address:	6423 S47th Street CLIMAX, MI 49034
Licensee Telephone #:	(269) 267-9739
Licensee Designee:	Dinah Mukwada
Administrator:	Jasper Mukwada
Name of Facility:	JD Cares LLC
Facility Address:	452 W. Jackson Street Battle Creek, MI 49037
Facility Telephone #:	(269) 267-9739
Application Date:	07/04/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

07/04/2024	On-Line Enrollment
07/08/2024	PSOR on Address Completed
07/08/2024	Contact - Document Sent
07/15/2024	Contact - Document Received
07/15/2024	Application Incomplete Letter Sent
07/15/2024	File Transferred To Field Office
07/17/2024	Contact - Document Received
07/18/2024	Contact - Document Sent
02/03/2025	Contact - Document Received
02/04/2025	Application 2nd Incomplete Letter Sent
02/07/2025	Contact - Document Received
02/10/2025	Contact - Document Sent
02/12/2025	Contact - Telephone Contact Received
02/12/2025	Application Complete/On-site Needed
02/12/2025	SC-Application Received - Original
02/20/2025	Inspection Completed On-site
02/20/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

JD Cares LLC is a wood frame single story ranch style home with a full finished basement, located at 452 Jackson Street West Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, well as Ann J. Kellogg School, Northwestern Middle School and Battle Creek Central High School along with Summit Pointe First Step Urgent Care located within two miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will occupy the first floor and basement of the facility. The 1st floor includes two resident bedrooms, one full bathroom, kitchen, dining room, and a large living room. The full finished basement includes two resident bedrooms with large bedroom windows exiting outside and a fire ladder located in the window well. The basement also consist of a staff office, one full bathroom, additional storage rooms, washer/dryer and a mechanical room housing the furnace and hot water heater. Residents will have access to the bathrooms, kitchen, living room, dining room and sitting porch located at the front entrance of the facility.

There are two separate approved means of egress with one located at the driveway entrance, the second at the west exit of the facility. A wheelchair accessible ramp was attached at the west entrance of the facility extending to a solid unobstructed ground. The facility is wheelchair accessible with the one approved mean of egress. The facility utilizes public sewer and water supply disposal system.

The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility's furnace and hot water heater were observed housed inside the mechanical room located in the basement. The mechanical room was observed constructed of materials having a 1-hour-fire resistance rating including the mechanical room door constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and hot water heater utilizes natural gas and was inspected by a licensed professional on 1/28/25 and found to be in fully operational order.

The facility is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The facility is equipped with a fire extinguisher located in the dining room and basement areas of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4" X 9'4"	108 sq. ft.	1
2	13'2" X 11'1"	143 sq. ft.	1
3	11'9" X 16'7"	192 sq. ft.	2
4	12'2" X 11'10"	144 sq. ft.	2

The indoor living and dining areas measure a total of 292 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate six (6) residents only. It is the licensee's responsibility not to exceed the 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 residents who are aged, physically handicapped, developmentally disabled and mentally ill in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, training to develop personal adjustment and living skills, and an opportunity for involvement in day programs. The applicant intends to accept residents from Calhoun County Community Mental Health/Summit Pointe along with 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.

In addition, the licensee will only provide transportation in emergency situations. All other request for transportation will be an additional cost negotiated in resident care agreements. The facility will make provisions for a variety of leisure and recreational equipment along with utilizing local community resources like libraries, local museums, shopping centers, churches and local parks. The resources provided will enhance the environment along with increasing the quality of life and independence of residents.

C. Applicant and Administrator Qualifications

The applicant Dinah Mukwada under the name JD Cares LLC submitted documentation appointing herself as Licensee Designee and Jasper Mukwada as the Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for Dinah Mukwada or Jasper Mukwada.

Mrs. Dinah Mukwada and Mr. Jasper Mukwada submitted medical clearance request with statements from their physicians documenting their good health and current negative TB test results. Mrs. Dinah Mukwada submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

Mrs. Dinah Mukwada has provided documentation to satisfy the qualifications and training requirements as licensee designee identified in the group home rules. Mrs. Dinah Mukwada has fourteen years of prior work experience in the nursing field as a registered nurse working with individuals diagnosed with mental illness, developmentally disabled, physically handicapped and aged. Mrs. Mukwada opened her initial licensed AFC facility on 10/16/18 which she continues to successfully operate. Mrs. Mukwada has continued to ensure residents in her licensed AFC facility receive direct care services as need to enhance their quality of life and increase their

independence. Mrs. Mukwada has completed all required trainings in accordance with AFC requirements.

Mr. Jasper Mukwada has provided documentation to satisfy the qualifications and training requirements as administrator identified in the group home rules. Mr. Jasper Mukwada began has fourteen years of prior work experience as a nurse practitioner working with individuals with diagnosis of mental illness, developmentally disabled, physically handicap and aged. Mr. Mukwada has worked the past seven years as administrator for Mrs. Mukwada's licensed AFC facility and successfully maintains this position. As part of his administrative duties, he oversees daily operations for residents and direct care staff members. Mr. Mukwada has completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one-staff-to-six 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 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 designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 resident 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six (6) residents.

Kevin L. Sellers

2/21/25

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

2/25/25

Russell B. Misiak
Area Manager

Date