



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2025

Ann Njoroge  
5771 Thunder Bay  
PORTAGE, MI 49024

RE: Application #: AF390419235  
**BETA HOMES**  
**5771 Thunder Bay**  
**Portage, MI 49024**

Dear Ann Njoroge:

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390419235
<b>Licensee Name:</b>	Ann Njoroge
<b>Licensee Address:</b>	5771 Thunder Bay PORTAGE, MI 49024
<b>Licensee Telephone #:</b>	(253) 343-7030
<b>Licensee Designee:</b>	Ann Njoroge
<b>Name of Facility:</b>	BETA HOMES
<b>Facility Address:</b>	5771 Thunder Bay Portage, MI 49024
<b>Facility Telephone #:</b>	(253) 343-7030
<b>Application Date:</b>	02/13/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/13/2025	On-Line Enrollment
02/14/2025	PSOR on Address Completed
02/14/2025	Contact - Document Sent forms sent
03/03/2025	Contact - Telephone call made spoke with Ann regarding WFB and getting her prints done correctly
04/01/2025	Contact - Document Sent sent another email regarding SOS update
04/02/2025	Contact - Document Received SOS proof, 1326/RI030 and AFC100
04/02/2025	File Transferred To Field Office
04/02/2025	Application Incomplete Letter Sent
04/04/2025	Contact Documentation Reviewed -Program Statement, Evacuation Plan, Medical Clearance, TB Records, Furnace Inspection, Lease Agreement, Financial Records.
04/08/2025	Contact-Documentation Sent -Application Incomplete Letter.
04/16/2025	Contact-Document Reviewed -Permission to Inspect, Property Ownership.
04/16/2025	Contact-Document Reviewed -Credit Report, Bank Accounts.
04/25/2025	Inspection Completed On-site
04/25/2025	Contact-Documentation Sent -Confirming Letter.
05/02/2025	Inspection Completed On-site.
05/07/2025	Contact-Documentation Reviewed -Bedroom furnishings.
05/07/2025	Inspection Completed On-site BCAL Full Compliance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Beta Home LLC is a two-story wood framed home that sits on a large corner lot. The home is located in an urban neighborhood in the city of Portage. The property is owned by H Living Properties LLC. On file is proof of property ownership, permission to inspect, and documentation that Ann Njoroge has permission to operate a licensed adult foster care at this location. This home is approximately four miles from Bronson Methodist Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within two miles of the home. Staff and visitor parking is located near the front entry of the home with a driveway and curbside parking on the street. This home has an enclosed backyard with a large deck. A large playset located in this backyard is not intended for resident use. This home is not wheelchair accessible.

On the main floor is one half bathroom, one semi-private resident bedroom, one private resident bedroom, a large family room, laundry room and kitchen. The second floor of this home is accessible from a foyer at the front entrance and has one semi-private resident bedroom, one private resident bedroom, one full bathroom, and one additional bedroom with a private full bathroom that will not be occupied by residents. The lower level of this home will be used for storage and will not be accessible to residents. This home utilizes public water supply and public sewage system.

The gas furnace and water heater were inspected on 03/16/2025 and are fully operational. A 20-minute fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement level and accessible from the family room, creating floor separation.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'7" X 11'6"	133	2
2	10'11" X 10'6"	114	1
3	11'10" X 10'11"	129	1
4	17' X 13'3"	225	2
5	9'9" X 10'11"	106	0

6	14'6" X 16'1"	233	0
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The living room areas measure a total of 656 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 provide 24-hour supervision, protection, and personal care to six (6) male or female ambulatory adults, whose diagnosis is developmentally disabled and mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kalamazoo County-DHHS, Kalamazoo County CMH, or 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and responsible person and they were determined to be of good moral character to provide licensed adult foster care. The applicant, Ann Njoroge and responsible person Samson Ontita both submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home. 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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible persons or volunteers working directly with residents.

The applicant acknowledges their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible persons and volunteers.

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 six-month temporary license to this adult foster care family home capacity of 6 residents.



05/08/2025

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



05/13/2025

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Dawn N. Timm  
Area Manager

Date