



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2025

Roland Awolope
3916 Oakland Dr
Kalamazoo, MI 49008

RE: License #: AS390419249
God's Will AFC
7607 Arborcrest Street
Portage, MI 49024

Dear Roland Awolope:

This letter is a follow-up to the Department's findings regarding the interim inspection conducted at your facility on 09/18/2025. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

The violations that were found are:

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(2) Application for a license shall be made on forms provided and in the manner prescribed by the department. The application shall be accompanied by the fee prescribed in section 13a.

FINDING: A renewal application and fee needs to be received before the license can be renewed.

MCL 400.734b

Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Keith Sowre is acting in capacity as a direct care staff by accessing resident files, interacting with residents, and transporting them; however, he did not have an eligibility letter through the Workforce Background Check (WBC) system, as required.

R 330.1806 Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and *which measures staff comprehension and competencies to deliver each client's individual plan of service as written*. Basic training shall address all the following areas:

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

FINDING: Staff should be signing a training sheet they have reviewed and are competent on each resident's individual plan of service. These training sheets should be readily available and in the residents' file.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) *Job titles.*

(c) Hours or shifts worked.

(d) *Date of schedule.*

(e) Any scheduling changes.

FINDING: The facility's schedule did not include job titles or the dates of schedule. If staff are scheduled to provide transportation on specific days then they should be added to the schedule.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written

health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: Resident A was admitted to the facility on 08/01/2025; however, her Health Care Appraisal (HCA) was dated 08/04/2025. The licensee stated the resident was an emergency; however, please document in the resident file when a resident is an emergency admission.

An "emergency admission" is an admission when a resident requires immediate placement into an AFC without the advantage of comprehensive pre-placement planning.

R 400.14303 Resident care; licensee responsibilities.

(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

FINDING: Resident B was provided with a motorized scooter by relatives. The licensee stated Resident B has a scooter license and is able to operate and drive the scooter while in the community; however, this was not documented in Resident B's assessment plan.

"Assessment Plan" means a written statement prepared in cooperation with a responsible agency or person that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and wellbeing and the methods of providing the care and services taking into account the preferences and competency of the individual. A resident's specific habilitation training and self-care needs are to be documented in the written assessment plan. Specific licensee responsibilities include helping the resident learn to do, what he or she can do, and doing for a resident what he or she cannot do.

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

FINDING: The menu was not posted in the facility at the time of the interim inspection, as required.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: There is a pocket door between the dining room and kitchen. Please secure or prevent this pocket from being utilized as it could interfere with egress in the event of an emergency.

Numerous used cigarette butts were observed on the floor of the three seasons porch. Cigarette butts were also observed on the ground in the backyard just outside of the three seasons porch. To prevent a fire, cigarettes should be disposed of in proper containers. If residents are not complying with safe cigarette disposal then staff may need to routinely check and clean these areas.

R 400.14403 Maintenance of premises.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

FINDING: The half bathroom on the main level of the facility had a rug with non skid backing.

R 400.14403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

FINDING: The handrails going from the facility into the garage were loose.

Due to the violations identified in the report, **a written corrective action plan** is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.

- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

A follow-up inspection may be made to verify compliance. Should the corrections not be made in the specified time, it may be necessary to reevaluate the status of your license.

The Department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please 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 that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

Enclosures