

# STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING



November 8, 2004

Anna Masambaji 733 Louisa Lansing, MI 48911

RE: Application #: AS330264845

Kekeli's Foster Care Home

731 Louisa St. Lansing, MI 48911

Dear Ms. Masambaji:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Barbara Williams, Licensing Consultant Office of Children and Adult Licensing 7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 241-0978

**Enclosure** 

## MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

### I. IDENTIFYING INFORMATION

**License #**: AS330264845

Applicant Name: Anna Masambaji

**Applicant Address:** 2940 Quincy Lane

Lansing, MI 48910

**Applicant Telephone #:** (517) 393-8394

Administrator: Anna Masambaji

Name of Facility: Kekeli's Foster Care Home

Facility Address: 731 Louisa St.

Lansing, MI 48911

**Facility Telephone #:** (517) 394-9867

Application Date: 02/20/2004

Capacity: 6

Program Type: AGED

**MENTALLY ILL** 

#### II. METHODOLOGY

02/20/2004	Enrollment
02/20/2004	Original Application Received
02/20/2004	Application Fee Received
02/24/2004	Contact - Document Sent Letter requesting Licensing Record Clearance
05/11/2004	Inspection Completed On-site
05/11/2004	Inspection Completed-BFS Sub. Compliance
11/03/2004	Inspection Completed On-site
11/05/2004	Inspection Completed-BFS Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

This facility is a bi-level building located on the south side of Lansing, Michigan. The facility consists of three semi private resident bedrooms, one bedroom occupied by live in staff, two full bathrooms, two living rooms, a kitchen combined with dining area on each level, and laundry facilities. The facility has a large back yard enclosed with a fence. The facility is located near local hospitals, shopping areas, and recreational sites.

The facility bedroom measurements are as follows:

Northwest Bedroom (Upper Level) 143 Square Feet – 2 Beds

Southwest Bedroom (Upper Level) 159 Square Feet – 2 Beds

Northwest Bedroom (Lower Level) 161 Square Feet – 2 Beds

The facility has 635 square feet of living room space.

## **B. Program Description**

The facility will accept both men and women who are Aged and/or Mentally III. The facility is not barrier free, therefore people who require the use of a wheelchair cannot be admitted.

The facility will provide twenty-four hour supervision, personal care, protection, three nutritious meals daily, furnished room, laundry services, and transportation arrangements. Facility activities will include attending sports events, fishing, going for walks, swimming, card games, craft projects, daily exercise, and outdoor barbecues.

Ms. Masambaji is the licensee and administrator for Kekeli's Foster Care Home. Based on the Licensing Record Clarence, Medical Clearance and training and education documentation provided, Mr. Masambaji meets the qualification for an administrator.

The facility and resident records were reviewed with Masambaji and she indicated an understanding of the required forms to be completed.

Ms. Masambaji was informed of the requirements of Rules 400.14204 (1) (2) (3), Rule 400.14205 (3) (5) regarding staff training, and required medical information for a person who works directly with the residents. Ms. Masambaji was informed of the procedure for determining good moral character of staff.

Based on information provided Ms. Masambaji has the financial capability to provide adult foster care.

Based on information provided Ms. Masambaji is owner of the facility.

## C. Rule/Statutory Violations

The facility is in compliance with applicable rules, which govern adult foster care small group homes (1-12).

## IV. RECOMMENDATION

I recommend issuance of a tempora	ry license to th	nis adult foster c	are small group
home (capacity 1-6).			

Barbara Williams	Date
Licensing Consultant	
Approved By:	
Kathlana O. O'reanna	D-1-
Kathleen S. Sinnamon	Date
Area Manager	