



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

November 4, 2005

Thomas Ongwela
Pine Valley Assisted Living, LLC
1155 N. 26th St.
Kalamazoo, MI 49048

RE: Application #: AS390277587
Pine Valley Assisted Living
1155 N. 26th St.
Kalamazoo, MI 49048

Dear Mr. Ongwela:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS390277587

Applicant Name: Pine Valley Assisted Living, LLC

Applicant Address: 1155 N. 26th St.
Kalamazoo, MI 49048

Applicant Telephone #: (269) 343-6025

Administrator/Licensee Designee: Thomas Ongwela

Name of Facility: Pine Valley Assisted Living

Facility Address: 1155 N. 26th St.
Kalamazoo, MI 49048

Facility Telephone #: (269) 343-6025

Application Date: 07/19/2005

Capacity: 6

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

II. METHODOLOGY

07/19/2005	Enrollment
07/25/2005	Inspection Report Requested - Health 1008703
07/25/2005	Application Incomplete Letter Sent 1326's for (live-in Staff)
08/01/2005	Application Complete/On-site Needed
08/01/2005	File Transferred To Field Office Kalamazoo
08/04/2005	Application Incomplete Letter Sent
08/12/2005	Inspection Completed-Environmental Health : A
09/07/2005	Inspection Completed On-site
09/15/2005	Contact - Telephone call received ready for reinspection
09/26/2005	Inspection Completed On-site rules still in noncompliance
10/21/2005	Inspection Completed On-site
11/02/2005	Inspection Completed On-site
11/02/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story wood frame house. The first floor has four bedrooms, all with sufficient square footage for 2 residents each. The licensee chooses to utilize two of the bedrooms for live in staff, and to use the remaining two bedrooms as single occupancy. The first floor also contains a kitchen, dining area, living room, and a large recreation/sitting room. The first level contains two full bathrooms, including one with a whirlpool style bathtub. The first level has a wheel chair ramp at one exit, and two additional means of egress at ground level.

The walk out lower level contains three bedrooms, which would have sufficient square footage to each accommodate two residents. The licensee has chosen to utilize only one of these bedrooms for two individuals; the other two bedrooms will have single

occupants. This lower level also contains a full bath, kitchen, and living/sitting area. The kitchen will be used minimally, primarily for resident snacks.

The facility has more than sufficient living space to meet the requirements of 35 square feet of living area per occupant.

Interior finishes have been determined to meet at least "Class C" fire ratings. The furnace and smoke detection system have been inspected and found to be in working order. The facility does have a fireplace; the administrator has provided a written statement that it will not be used.

The Kalamazoo County Health Department has found the private water supply and sewage disposal system to be in substantial compliance with applicable rules.

Proof of ownership is on file.

B. Program Description

This facility has been licensed to Thomas Ongwela as a family home since May 13, 2003. Mr. Ongwela has formed a corporation and is switching the license to a group home license; the same individuals and services will remain intact.

This facility is primarily staffed by two live in staff persons, and serves individuals diagnosed with either mental illness or developmental disability. The licensee will also take individuals who are aged, physically handicapped, or have a traumatic brain injury. Private and SSI payments will be accepted. The licensee also intends to contract for specialized services with Kalamazoo County Mental Health Services.

The corporation has identified Thomas Ongwela to function as license designee and administrator. He has provided documentation of Good Moral Character, and has submitted a current medical statement and evidence that he is free of communicable tuberculosis.

This facility is able to provide transportation for individuals; public and emergency transportation is also available.

Mr. Ongwela is aware of the requirement to determine the Good Moral Character of his employees.

C. Rule/Statutory Violations

The applicant and the facility have been determined to be in full compliance with the licensing statute and administrative rules for adult foster care small group homes. Mr. Ongwela has been provided the necessary forms to be in compliance with licensing rules. Quality of care rules will be evaluated further when residents are in care.

