



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

August 14, 2007

Sammy Kiruki  
761 Cloverdale Ave.  
Grand Rapids, MI 49534

RE: Application #: AS410288669  
Dignified Living Services  
2167 Innwood Dr. SE  
Kentwood, MI 49508

Dear Mr. Kiruki:

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 (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene Smith, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0116

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410288669
<b>Applicant Name:</b>	Sammy Kiruki
<b>Applicant Address:</b>	761 Cloverdale Ave. Grand Rapids, MI 49534
<b>Applicant Telephone #:</b>	(616) 516-3954
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Dignified Living Services
<b>Facility Address:</b>	2167 Innwood Dr. SE Kentwood, MI 49508
<b>Facility Telephone #:</b>	(616) 719-0045
<b>Application Date:</b>	02/22/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTRALLY ILL, DEVELOPMENTALLY DISABLED AND AGED

## II. METHODOLOGY

02/22/2007	Enrollment
02/27/2007	File Transferred To Field Office Grand Rapids
03/06/2007	Comment app rec'd in GR
03/06/2007	Application Incomplete Letter Sent
07/26/2007	Application Complete/On-site Needed
07/26/2007	Inspection Completed On-site
07/26/2007	Inspection Completed-BFS Sub. Compliance
07/27/2007	Application Incomplete Letter Sent
08/09/2007	SC-Application Received - Original
08/10/2007	Inspection Completed On-site
08/10/2007	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in a residential neighborhood in Kentwood, Michigan. It is located close to shopping, recreation, hospital services, pharmacist, physician and ambulance. The home is a one story, ranch with a lower level walk-out. The home is of wood framed construction with an attached garage. The main floor of the home has a family room, a living room, a kitchen with a dinning area, a full bath and three bedrooms. The lower level has one bedroom and a large living room, a laundry room, and a full bathroom. The furnace and hot water heater are located on the lower level in an enclosed room with 5/8 inch drywall on either side of the stud and a 5/8 inch drywall on the ceiling. The door to the furnace room is equipped with an automatic self-closing solid wood core 1 3/4 door. The lower level is licensed for regular resident use. The facility is equipped with an interconnected, hardwire smoke alarm system, with battery back up and is fully operational. The home is not wheelchair accessible.

The bedrooms were measured and have the following dimensions:

Resident bedroom # 1 measures 12' 11" x 9' = 116.28 square feet for 1 resident.  
Resident bedroom # 2 measures 12' 11 " x 10' 3" = 132.43 square feet for 2 residents.  
Resident bedroom # 3 measures 11' 10" x 13' 9" = 148.91 square feet for 2 residents.

The fourth resident bedroom is located on the lower level. Resident bedroom # 4 measured 12' 10 " x 14' 1" = 180.64 square feet and will be used for 1 resident.

The living room, the family room, and the living room on the lower level areas measure a total of 596.64 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility to not exceed the capacity of the license.

## **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 for six (6) individuals who are women who have a diagnosis of a developmental disability and or mental illness, traumatic brain injured and are 18 years and older. The home is not wheelchair accessible so individuals who are in wheelchairs cannot be admitted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as their needs are identified in the Assessment plan as the resident/responsible person prioritizes at admission. Resident referrals will be made from network 180 and other agencies.

If identified as a need in the written assessment and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with the prior approval of the resident, guardian, or the responsible person.

The applicant as well as from agency personnel and family members will provide transportation. The direct care staff will be trained to provide 24-hour awake staff and adequate staffing ratios.

The applicant has applied for Certifications for a specialized program for providing care for Persons with Mentally Ill and Developmentally Disabled.

## **C. Rule/Statutory Violations**

The applicant, Sammy M. Kiruki submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Mr. Kiruki has indicated that he will also be the facility administrator.

A licensing record clearance request was completed with no specified LEIN convictions recorded for the licensee/administrator. The licensee/administrator submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine negative results.

The licensee /administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents while residents are awake and 1 staff to 6 residents during sleeping hours. If residents are accepted who require awake staff during the sleeping hours, then awake staff will be provided during the sleep hours.

The applicant acknowledges an understanding of the training and qualification 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), 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 applicant, can administer medication to residents. 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 obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges his responsibility to maintain a current employee record on file in the home for the administrator and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 his 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 his 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

*Arlene B. Smith*

08/14/2007

Arlene Smith  
Licensing Consultant

Date

Approved By:



08/14/2007

Christopher J. Hibbler  
Area Manager

Date