



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 7, 2010

Thomas Ongwela
Golden Care, LLC
2901 Asbury St.
Kalamazoo, MI 49048

RE: Application #: AS390305646
Springdale Assisted Living
2888 Lyons Ave.
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
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS390305646 |
| Applicant Name: | Golden Care, LLC |
| Applicant Address: | 2901 Asbury St. Kalamazoo, MI 49048 |
| Applicant Telephone #: | (269) 341-4263 |
| Administrator/Licensee Designee: | Thomas Ongwela, Designee |
| Name of Facility: | Springdale Assisted Living |
| Facility Address: | 2888 Lyons Ave. Kalamazoo, MI 49048 |
| Facility Telephone #: | (269) 366-4295 11/10/2009 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | AGED |

II. METHODOLOGY

| | |
|------------|---|
| 11/10/2009 | Enrollment |
| 11/16/2009 | Contact - Document Sent Rule & ACT books |
| 11/16/2009 | Inspection Report Requested - Health 1016650 |
| 11/16/2009 | File Transferred To Field Office Kalamazoo |
| 11/19/2009 | Application Incomplete Letter Sent |
| 12/07/2009 | Inspection Completed-Environmental Health : A |
| 06/25/2010 | Inspection Completed On-site |
| 09/01/2010 | Application Complete/On-site Needed |
| 09/01/2010 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with a walk out lower level, located on a large lot in a residential neighborhood. This home is set back on the property and can be difficult to see from the road. The home was licensed previously and has been extensively remodeled and refurbished by the current applicant.

The home has ramps for wheelchair accessibility leading to the front door, and from a deck exiting out of the dining room and around the house. The walkout level exits directly to ground level.

Five bedrooms are located on the main level and will each house one person. One end of the house contains two bedrooms and a bathroom. A living room, dining room, and kitchen separate them from the other three bedrooms and bathroom. A laundry room is also contained on the main level.

The lower walk out level contains an office, general living area, utility room, live in employee bedroom, and a sixth resident bedroom. A full bathroom is also located on this level. The basement level does have two means of egress; a stairway leading to the main floor and a sliding door leading directly outside. Due to the staffing pattern, (one staff on duty) and the fact that most of the residents will be on the main level, any resident occupying this lower level bedroom must be assessed as being completely capable of exiting independently during an emergency. Mr. Ongwela has submitted a

plan which states “Any resident placed in the basement bedroom will be assessed and found to be capable of independently exiting during an emergency.”

This home does utilize a public sewage disposal system but has a private well for water. The Kalamazoo County Environmental Health Department inspected the well on December 1, 2009 and gave the facility and “A” rating, indicating substantial compliance with applicable rules.

The facility is in compliance with fire safety rules for small group homes, and has a smoke detection system operated from the facility electrical system.

Mr. Ongwela leases this facility. The property owner has given written permission for inspections to take place and for the property to be used as an adult foster care home.

B. Program Description

The licensee intends to take aged individuals of either sex and can accommodate physical disabilities. The licensee has not applied for specialized certification so will not be under contract to community health agencies.

Golden Care LLC is an existing corporation and already has two adult foster homes licensed under the corporation; Springdale Assisted Living will be the third home for this corporation. According to information provided by the Department of Energy, Labor & Economic Growth the corporation is in good standing.

Thomas Ongwela is the licensee designee and administrator for Golden Care LLC. He is also licensee designee and administrator for three additional corporations. Combined with Golden Care LLC he is responsible for the daily operations for a total of six adult foster care homes.

Because of the number of homes Mr. Ongwela is responsible for he was requested to provide a plan stating how he can be responsible for overseeing the daily administration of these facilities. Mr. Ongwela’s statement is that he delegates to subordinates, has qualified direct care staff in each facility, and “the role of the administrator or his assistant is then to make rounds each day and physically check against the task list if they are performed satisfactorily.”

Mr. Ongwela has previously submitted evidence of his education and training in support of his qualifications as administrator, including fingerprint background check verification. He has submitted evidence that Golden Care LLC has the financial resources to operate this facility.

This home will be staffed with a live in employee. This employee will sleep in the facility and can be available during resident hours of sleep, but awake staff will not be provided during resident sleeping hours. Mr. Ongwela plans to have a second staff person

available during day time hours. Mr. Ongwela does have a training program for his employees.

Golden Care LLC has corporate records, including personnel policies, on file. Mr. Ongwela is familiar with record keeping requirements and is aware of the statutory requirement pertaining to the hiring or contracting of persons who provide direct services to residents.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules. Compliance with quality of care rules will be evaluated once a license is issued and residents are in care.

IV. RECOMMENDATION

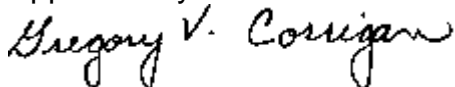
Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for six residents. The term of the license will be for a six month period.



Susan Gamber
Licensing Consultant

September 7, 2010
Date

Approved By:



Gregory V. Corrigan
Area Manager

September 7, 2010
Date