



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

July 16, 2013

George Morumbwa
332 East Napier Avenue
Benton Harbor, MI 49022

RE: Application #: AS110337909
Sunrise AFC
332 East Napier Avenue
Benton Harbor, MI 49022

Dear Mr. Morumbwa:

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 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 (616) 356-0100.

Sincerely,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS110337909

Applicant Name: George Morumbwa

Applicant Address: 332 East Napier Avenue
Benton Harbor, MI 49022

Applicant Telephone #: (269) 926-4061

Administrator/Licensee Designee: N/A

Name of Facility: Sunrise AFC

Facility Address: 332 East Napier Avenue
Benton Harbor, MI 49022

Facility Telephone #: (269) 926-4061

Application Date: 12/13/2012

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

12/13/2012	Enrollment
12/18/2012	PSOR on Address Completed
12/18/2012	Contact - Document Sent Rules & Act booklets
12/18/2012	Application Incomplete Letter Sent FP's & rec cl's for George M & June D
12/20/2012	Comment FP's for George
12/21/2012	Comment FP's for June D.
12/26/2012	Contact - Document Received Rec cl's for George M & June D.
01/04/2013	Application Complete/On-site Needed
01/08/2013	Comment app rec'd in GR / file forwarded to KH
05/07/2013	Application Incomplete Letter Sent
06/27/2013	Inspection Completed On-site
06/27/2013	Inspection Completed-BCAL Sub. Compliance
07/16/2013	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Property Ownership: The property at 332 E. Napier Ave. is owned by George Morumbwa and Ednah Makori, husband and wife. Mr. Morumbwa is the individual applicant.

The home is a two-story older structure with a basement. The furnace and water heater are located in the basement and are separated from the main floor by a self-closing 1³/₄" solid core wood door. The basement also contains the laundry facilities. The main floor has private quarters for live-in staff. The main level also has a private bath for the family. The main floor contains the living room, dining room and kitchen. The dining room is furnished with a table and chairs to accommodate six residents at one time.

There are five resident bedrooms and two full baths on the upper level of the home, with one bedroom identified for double occupancy, and four for single occupancy. There is an exterior stairwell that serves as a fire exit as well as an interior stairwell. The home is not wheelchair accessible although one of the exits has an exterior ramp appropriate for wheelchair use.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'1" X 10'8"	161	1
2	9'3" X 9'1"	84	1
3	15'7" X 10' + 3'3" X 3'5"	166	2
4	12'9" X 11'	140	1
5	12'9" X 8'4"	106	1

Square Footage of Bedrooms and Living Space

Living Room 15'2" X 14'1" = 213 SF

Dining Room 12'8' X 15'1" = 190 SF

The combined square footage of the living room and dining room is 403 SF and exceeds the amount required for six residents and two occupants.

Sanitation- The home has public water and public sewer. The facility is in compliance with applicable environmental health rules. The home has a fully equipped kitchen which is clean and orderly. The home has weekly municipal trash service.

Fire Safety- A fire safety inspection was conducted by this consultant on 06/27/2013.

The facility has 3 identified fire exits from the main level and 2 from the upper level, an outside staircase and an inside staircase. The home has interconnected smoke alarms powered from the electrical system. Fire extinguishers are available on all 3 levels of the home. The home has the evacuation plan posted and emergency numbers visible as required. The licensees expressed understanding of the requirements regarding fire drills. The home is in substantial compliance with fire safety rules.

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

B. Program Description

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of the licensee to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

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

The applicant/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 six bed facility is adequate and includes a minimum of one staff -to- six residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 licensee, 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 their 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 their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may not reside in the facility since resident bedrooms are on the second floor.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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



07/15/2013

Karen Hodge
Licensing Consultant

Date

Approved By:



07/15/2013

Jerry Hendrick
Area Manager

Date