



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

July 15, 2015

Joseph Gatu
7 Tony Tiger TRL
Springfield, MI 49037

RE: Application #: AF130369560
Tony Tiger Foster Care
7 Tony Tiger TRL
Springfield, MI 49037

Dear Mr. Gatu:

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 5 is issued.

Please review the enclosed documentation for accuracy and 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,

A handwritten signature in black ink that reads "Donna Konopka".

Donna Konopka, Licensing Consultant
BCHS
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF130369560

Applicant Name: Joseph Gatu

Applicant Address: 7 Tony Tiger TRL
Springfield, MI 49037

Applicant Telephone #: (269) 788-4354

Administrator/Licensee Designee: N/A

Name of Facility: Tony Tiger Foster Care

Facility Address: 7 Tony Tiger TRL
Springfield, MI 49037

Facility Telephone #: (269) 883-6339

Application Date: 11/25/2014

Capacity: 5

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

II. METHODOLOGY

| | |
|------------|--|
| 11/25/2014 | Enrollment |
| 12/02/2014 | Contact - Document Sent Rule & ACT Books |
| 12/02/2014 | Application Incomplete Letter Sent Page 2 & 3 of app sent back for completion and 1326/Fingerprints for Joseph & Anne Gatu and 1326's for Responsible Persons-Ruth Muthoni, Mary Gatu |
| 01/07/2015 | Contact - Document Received Completed Application, 1326/Fingerprint for Joseph & Anne Gatu and 1326's for Mary Gatu & Ruth Muthoni (Responsible Persons) |
| 01/07/2015 | Application Incomplete Letter Sent Driver's License State ID # for Anne Gatu |
| 01/07/2015 | Licensing Unit file referred for criminal history review 1326 for Alicia Ann Fowler |
| 01/09/2015 | Application Incomplete Letter Sent GMC Letter sent for Alicia Fowler. |
| 02/20/2015 | Lic. Unit file referred for criminal history review 1326 for Collins Wekesa |
| 02/23/2015 | Application Incomplete Letter Sent GMC Letter sent for Collins Wekesa. |
| 03/06/2015 | File Transferred To Field Office Kalamazoo |
| 03/11/2015 | Application Incomplete Letter Sent |
| 03/25/2015 | Contact - Document Received |
| 03/30/2015 | Contact - Telephone call made Message left for applicant re scheduling initial on-site inspection |
| 04/01/2015 | Contact - Telephone call made Message left for applicant to schedule initial inspection. |
| 04/03/2015 | Contact - Document Sent Letter to applicant requesting confirmation he remains interested in pursuing the licensing process |
| 04/28/2015 | Inspection Completed On-site |

07/09/2015 Inspection Completed On-site

07/13/2015 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is a ranch style duplex located in a residential neighborhood in Springfield, MI. The adult foster care home is located on one side of the duplex and is totally independent of the home on the 2nd side of the structure. The home is a single story structure with all resident bedrooms and living areas on the main floor; the licensee has living quarters in the basement. There are 3 resident bedrooms on the main floor; 2 for double occupancy and 1 single occupancy. A full bathroom, living/dining room combination and kitchen are also located on the main floor. The house has public water and septic. The home is not equipped with a wheelchair ramp; therefor only ambulatory residents can be placed in the home.

The gas forced air furnace and the water heater are located in the basement of the house with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware providing floor separation. The furnace and water heater were inspected by TC Mechanical Heating and Cooling on 05/26/2015 and were found to be in good and safe condition. The facility is equipped with an interconnected, hardwired smoke detection system, with battery back-up and is fully operational installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12'x13'4" | 160 | 2 |
| 2 | 12'1"x12' | 155 | 2 |
| 3 | 10'3"X10'6" | 108 | 1 |

The living/dining room combination area measures a total of 371square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Joseph Gatu, intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, developmentally disabled, mentally ill, traumatic brain injured, physically handicapped individual not requiring a wheelchair ramp or Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from the Veteran's Affairs placement program as a referral source. The applicant is aware that the individual residents he plans to serve must be compatible with each other regardless of their diagnosis.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The Mr. Gatu has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicant, 24 hours a day/7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 5 bed family home, there is adequate supervision with 1 responsible person on-site for 5 residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged 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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible persons and volunteer(s).

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

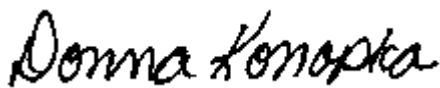
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 six-month temporary license to this adult foster care family home (capacity 5).



07/14/2015

Donna Konopka, Licensing Consultant Date

Approved By:



07/15/2015

Jerry Hendrick, Area Manager Date

