



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

September 21, 2015

Daniel Muthiani
Zawadi USA LLC
4620 Restmor St. SW
Grandville, MI 49418

RE: Application #: AS410377896
Zawadi Southstone
4775 Southstone Dr. SE
Kentwood, MI 49548

Dear Mr. Muthiani:

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 4 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) 356-0584.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 644-9526

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS410377896

Applicant Name: Zawadi USA LLC

Applicant Address: 4620 Restmor St. SW
Grandville, MI 49418

Applicant Telephone #: (616) 516-0614

Licensee Designee: Daniel Muthiani

Administrator: Mary Kioko

Name of Facility: Zawadi SouthStone

Facility Address: 4775 Southstone Dr. SE
Kentwood, MI 49548

Facility Telephone #: (616) 516-0614

Application Date: 05/26/2015

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

| | |
|------------|--|
| 05/26/2015 | Enrollment |
| 06/03/2015 | Contact - Document Sent Rule & ACT Books |
| 06/03/2015 | File Transferred To Field Office Grand Rapids |
| 06/16/2015 | Application Incomplete Letter Sent |
| 09/17/2015 | Application Complete/On-site Needed |
| 09/18/2015 | Inspection Completed On-site |
| 09/18/2015 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Daniel Muthiani is leasing the home at 4775 Southstone Drive SE, Kentwood, Kent County, Michigan from Cornelius Muasa and Lauren Muinde. The lease agreement is in the file. Mr. Muthiani and Mary Kioko, owners of Zawadi USA LLC, will operate an Adult Foster Care Small Group Home at this address called Zawadi Southstone. The applicant has submitted written permission for a state worker to inspect the home. The home is a colonial structure with vinyl siding and has three bedrooms and a full bath on the second floor; a kitchen, dining area, living room, and half bath on the main (ground) floor; and a common area, staff bedroom, and laundry room in the basement. There is a one-and-a-half car attached garage.

This home has a basement where the furnace, hot water heater, washer and dryer are located. The main floor and basement are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 09/18/2015 and worked properly. There is an operable A-B-C fire extinguisher on the main floor, second floor, as well as the basement and are attached to the walls. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to. The basement is finished and has a room that may be used by staff for overnight shifts. The basement will be also be used for recreational activities by residents.

Resident bedrooms were measured and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|---------------------------|----------------------|---------------------|
| 1 | 10'6" X 11'5" | 119 | 1 |
| 2 | 12' X 11'5" – 3'6" X 5' = | 119 | 1 |
| 3 | 12' X 16' 4" | 195 | 2 |

Total Capacity: 4

The living and dining room areas measure a total of approximately 306 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There is an additional 225 square feet of common area space on the lower level (basement) which will be utilized by residents.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and porches are all in good condition. The bricks, roof, and gutters are also all in good condition. There are handrails where required.

Zawadi Southstone has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it. The applicant has been informed that they need to add the charges for transporting residents, if any, on the Resident Care Agreements.

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 intend to provide 24-hour supervision, protection and personal care to up to four (4) male ambulatory adults aged 40 years and older whose diagnosis is developmentally disabled, mentally ill, and/or is aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant expressed a desire to apply for Special Certification for the Mentally Ill and Developmentally Disabled populations in the near future. The process for doing this was explained to the applicant.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

C. Applicant and Administrator Qualifications

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

The applicant 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 four-bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift.

The applicant has submitted in writing that the designated licensee designees for this home are Daniel Muthiani and Calvin Matheka, and the Administrator is Mary Kioko.

The applicant acknowledged 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 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), Cogent, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 Daniel Muthiani or Calvin Matheka can administer medication to residents. In addition, the applicant has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged 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 acknowledged their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

The applicant acknowledged 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 acknowledged 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicant acknowledged 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 acknowledged their 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.

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

D. Rule/Statutory Violations

The applicant were 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 adult foster care small group home (capacity 4).



September 18, 2015

Licensing Consultant

Date

Approved By:



September 21, 2015

Area Manager

Date