



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 26, 2016

Wycliffe Opiyo
Mercy Homes Assisted Living LLC
2901 Asbury St.
Kalamazoo, MI 49048

RE: Application #: AS390380979
Mercy Homes Assisted Living
2901 Asbury St.
Kalamazoo, MI 49048

Dear Mr. Opiyo:

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 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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390380979

Applicant Name: Mercy Homes Assisted Living LLC

Applicant Address: 2901 Asbury St.
Kalamazoo, MI 49048

Applicant Telephone #: (817) 781-6512

Administrator/Licensee Designee: Wycliffe Opiyo

Name of Facility: Mercy Homes Assisted Living

Facility Address: 2901 Asbury St.
Kalamazoo, MI 49048

Facility Telephone #: (817) 781-6512

Application Date: 01/07/2016

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/11/2015	Contact - Document Received
01/07/2016	Enrollment
01/11/2016	Application Incomplete Letter Sent
01/11/2016	Contact - Document Sent Rule & ACT Books
01/22/2016	Contact - Document Received Completed Application and 1326/Fingerprint for Wycliffe Opiyo
01/25/2016	File Transferred To Field Office Lansing
02/01/2016	Application Incomplete Letter Sent
03/03/2016	Application Incomplete Letter Sent Documents still needed before on-site is scheduled.
03/15/2016	Application Incomplete Letter Sent Received partial documents requested. Documents still needed before on-site is scheduled.
04/14/2016	Inspection Completed On-site
04/14/2016	Inspection Completed-BCAL Sub. Compliance
04/18/2016	Application Incomplete Letter Sent Additional documents requested.
08/17/2016	Application Complete/On-site Needed
08/17/2016	Inspection Completed-BCAL Full Compliance
09/13/2016	Variance issued.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Mr. Thomas Ongwela owns the property. A Home Loan Statement issued by a lending institution, contained in the licensing file, confirms the ownership of the property. The applicant will rent the property from Mr. Ongwela. A statement from Mr. Ongwela confirming this arrangement, as well as giving permission to inspect the property is contained in the file. A copy of the lease agreement between Mr. Ongwela and the applicant are in the file.

The facility is a tri-level home with four bedrooms located on the uppermost level. There is also a full bathroom on this level. The second level is designed to include a full kitchen, a dining area and a large living room area that also includes an open office section. The ground floor level has a main street level entrance, a half bathroom with shower, and two bedrooms plus a recreation/TV room. The home is not in compliance with R 400.14405(4). Since this is a tri-level home, the "3rd floor" is no higher than the 2nd floor of a conventional two-story house. Therefore, the home is in compliance with the intent of R 400.14405(4). A variance to R 400.14405(4) has been granted. The home is not handicapped accessible. The facility is served by city water and city sewer. Trash pickup is by a commercial service and is done weekly.

The basement contains a laundry room and hot water heater and furnace. The basement has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers meeting the minimum requirements are located on each floor, including the basement. There are two designated fire escape routes, one on second level-ground floor main street entrance and one off the back off the second level-ground floor. The facility is in substantial compliance with fire safety rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Resident Bedroom #1	11' 06" x 10' 04"	118 sq. ft.	1
Resident Bedroom #2	13' 11" x 10' 03"	134 sq. ft.	2
Resident Bedroom #3	10' 04" x 12' 10"	132 sq. ft.	1
Resident Bedroom #4	11' 00" x 16' 01"	176 sq. ft.	1
Recreation/TV	10' 02" x 12' 10"	130 sq. ft.	N/A

Room			
Office/Living Room Area	12' 11" x 19' 07"	252 sq. ft.	N/A
Dining Room	11' 00" x 08' 05"	092 sq. ft.	N/A
Resident Bedroom #5	14' 11" x 10' 09"	155 sq. ft.	1
Resident Bedroom #6 (live in direct care worker)	11' 00" x 09' 09"	107 sq. ft.	N/A

The living, dining, and sitting room areas measure a total of 474 square 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 to **six (6)** male or female ambulatory adults whose diagnosis is mental illness and/or developmental disability, in the least restrictive environment possible. The program will include services to be provided to residents whose primary diagnosis is metal illness and developmental disabilities, as long as they are compatible with other residents in the home. The applicant understands the importance of resident compatibility. The applicant understands that he shall not admit or keep any residents whose requirements and service needs are incompatible with those of the other residents in the home. The homes program statement indicates that the home will encourage and foster resident independence in a family like setting, while treating each resident with dignity and respect. Social interaction, personal hygiene, personal adjustment skills and public safety skills will be provided to each resident in accordance with their individual written assessment plan. The home's program statement indicated that staff members in the home will be trained to be competent in providing individualized services outlined in the resident's written assessment plans. The applicant intends to accept residents from Kalamazoo County-DHS, Kalamazoo County CMH, or private pay individuals as a referral source.

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. Residential social/recreational activities include television, radio, and stereo. The facility will also make provision for a variety of other leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, movie theaters, downtown festivals, and local parks.

C. Rule/Statutory Violations

The applicant is Mercy Homes Assisted Living, L.L.C., a “Domestic Limited Liability Company”, was established in Michigan on 12/22/2015. The applicant 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. The applicant indicates the corporation has no history of bankruptcy or having assets frozen.

The members of Mercy Homes Assisted Living, L.L.C. have submitted documentation appointing Wycliffe Opiyo as licensee designee and administrator for this facility. Mr. Opiyo has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Opiyo is a licensed vocational nurse who has taken courses on mental health nursing. In addition to that, Mr. Opiyo has had several years of experience providing direct care and personal health care services to individuals with mental illnesses and individuals with developmental disabilities. The licensing file contains verification of substantial training for Mr. Opiyo.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. Opiyo. Mr. Opiyo submitted a medical clearance reference with statements from a physician documenting his good health and current TB-tine negative results.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The home will employ 1 live in direct care worker. The applicant understands that this live in direct care worker cannot work 24 hours a day. The home will employ additional direct care workers to rotate shifts. 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 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 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 only reside on the second level, ground floor of the facility.

IV. RECOMMENDATION

I recommend issuance of a temporary license for 6 beds.



09/19/2016

Michele Streeter
Licensing Consultant

Date

Approved By:



9/19/16

Betsy Montgomery
Area Manager

Date