



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 27, 2018

Rose Ogolla
Precious Care Assisted Living, LLC
720 W. Walnut Street
Kalamazoo, MI 49007

RE: Application #: AS390390449
Precious Care Assisted Living
720 W. Walnut Street
Kalamazoo, MI 49007

Dear Ms. Ogolla:

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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS390390449
Applicant Name:	Precious Care Assisted Living, LLC
Applicant Address:	720 W. Walnut Street Kalamazoo, MI 49007
Applicant Telephone #:	(269) 414-8013
Administrator:	Rose Ogolla
Licensee Designee:	Rose Ogolla
Name of Facility:	Precious Care Assisted Living
Facility Address:	720 W. Walnut Street Kalamazoo, MI 49007
Facility Telephone #:	(269) 414-8013
Application Date:	09/11/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/11/2017	Enrollment
09/19/2017	Contact - Document Sent Rule & ACT Books
09/19/2017	Application Incomplete Letter Sent Live Scan Fingerprint/RI 030 for Rose Ogolla
10/05/2017	Contact - Document Received Live Scan Request form RI 030 for Rose Ogolla
10/05/2017	File Transferred To Field Office Lansing
10/13/2017	Application Incomplete Letter Sent
11/22/2017	Application Complete/On-site Needed
11/22/2017	Inspection Completed Onsite-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Precious Care Assisted Living is a colonial style home located in an urban neighborhood in the city of Kalamazoo. The property is owned by the licensee designee, Ms. Rose Ogolla. On file is proof of property ownership. There are multiple restaurants and numerous churches within a mile of the home. The home is also approximately one mile from Bronson Hospital and Kalamazoo County DHHS.

The main entrance of the home leads into resident living room area on the east side and the resident dining area on the west side of the main level of the home. To the east of the living room is a private office for staff. Through the dining area is the kitchen and off of the east side of the kitchen is a private resident bedroom with a private resident half bathroom. Two private resident bedrooms and another resident full bathroom are located off the west side of the kitchen.

Between the resident living room and resident dining room, north of the main entrance, is a stairway leading to the second story of the home. On the second story of the home is live-in staff bedroom. Near the staff bedroom is a resident bathroom located on the northeast side of the second story. Proceeding through a hallway to the west side of the second story is a private resident bedroom on the northwest side and a semi-private resident bedroom located on the southwest side.

In total, this home has two full bathrooms, one half bathroom, four private resident bedrooms, and one semi-private resident bedroom. This home has a basement that will not be used by residents. Steps are present at the main entrance of the home and between the first and second floor of the home. This home is not wheelchair accessible.

An on-site inspection completed on 11/22/2017 verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system. The on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes gas furnace and gas water heater which are located in the basement in an enclosed heating plant. A 1 ¾-inch solid wood core door between the basement and main level provides floor separation. The facility is equipped with interconnected, hardwire smoke detectors with battery backup.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1- NE Main Level	10' x 11' 6"	115	1
2- NW Main Level	10' 9" x 7' 6"	80.63	1
3- SW Main Level	9' x 11'	99	1
4- NE Upper Level	13' x 10'	130	1
5- NW Upper Level	13' X 10' 3" + 3' x 3' 9"	144.75	2
6- Staff Bedroom	16' x 12'	192	N/A
Office	13' x 10'	130	N/A
Living Room	20' 6" x 13'	266.5	N/A
Dining Room	12' x 12'	144	N/A

The indoor living and dining areas measure a total of 410.5 square feet of living space. This meets/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

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female ambulatory residents who are diagnosed with a developmentally disability and/or mentally illness . The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from outings and appointments. The applicant intends to accept residents from Kalamazoo County Community Mental Health Authority or private pay individuals as a referral source.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Precious Care Assisted Living, LLC which is a Domestic Limited Liability Company established in Michigan on 09/05/2017. 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. Ms. Rose Ogolla is the Resident Agent of Precious Care Assisted Living, LLC. Ms. Ogolla has submitted documentation appointing herself as licensee designee and administrator for this facility.

Criminal history background checks of the licensee designee and administrator were completed and the licensee designee and administrator are determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Ogolla has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ogolla has provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Ms. Ogolla received her Bachelor of Business Administration at Western Michigan University. Ms. Ogolla has been functioning as the Director of Operations at an adult foster care agency where she supervises direct care staff at five adult foster care homes

consisting of 36 residents. Ms. Ogolla has direct care experience working as a Certified Nurse Assistant at an assisted living facility for two years.

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 acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be asleep 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 acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee, will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.

Cassandra Duursma

02/27/2018

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Dawn Timm

02/27/2018

Dawn N. Timm
Area Manager

Date