



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 10, 2020

Roland Awolope
3916 Oakland Dr.
Kalamazoo, MI 49008

RE: Application #: AS390402971
Greater Heights Adult Foster Care
3916 Oakland Drive
Kalamazoo, MI 49008

Dear Mr. Awolope:

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 five (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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390402971
Applicant Name:	Roland Awolope
Applicant Address:	3916 Oakland Dr. Kalamazoo, MI 49008
Applicant Telephone #:	(268) 873-4532
Administrator	Roland Awolope
Licensee:	Roland Awolope
Name of Facility:	Greater Heights Adult Foster Care
Facility Address:	3916 Oakland Drive Kalamazoo, MI 49008
Facility Telephone #:	(269) 873-4532
Application Date:	01/09/2020
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/09/2020	Enrollment
01/09/2020	Application Incomplete Letter Sent Signed 1326/RI 030/Fingerprints for Roland
01/15/2020	Contact - Document Received 1326/RI 030/Fingerprints for Roland Awolope
01/15/2020	Contact - Document Sent ACT Book
01/15/2020	File Transferred To Field Office Lansing
01/21/2020	Application Incomplete Letter Sent Sent via email
02/14/2020	Contact - Document Received Email correspondence form licensee
03/12/2020	Contact - Document Received Received email from licensee containing floor plan, admin/program statement, medical statement, budget, training, credit check, and additional documents for original.
03/23/2020	Contact - Document Received Received documents requested in confirming letter: resume, new floor plan, college transcripts, updated budget.
03/23/2020	Application Complete/On-site Needed
05/21/2020	Inspection Completed On-site
05/21/2020	Inspection Completed-BCAL Sub. Compliance
06/05/2020	Contact - Document Received Received pictures of the following: thermometers, handrails for ramp, smooth landing for ramp, individual paper towels in kitchen, mirrors in bedroom, handrails for bathroom.
06/12/2020	Inspection Completed-BCAL Sub. Compliance
06/12/2020	Inspection Completed On-site
06/15/2020	Contact - Document Received Received video of non-locking against egress exit doors.

06/25/2020 Inspection Completed-BCAL Full Compliance
 07/07/2020 Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home in the Oakwood neighborhood of Kalamazoo within a couple of miles from the I-94 highway and neighboring city of Portage. The facility utilizes a public water and sewage system. The facility only has one main level. Upon entering the facility, you walk into the living room. Off the living room are two of the facility's resident bedrooms, as well as, the facility's main bathroom, which has a tub and shower. Past the living room is the facility's kitchen and dining room. The furnace room is located off the kitchen area. Past the kitchen and dining room are two more resident bedrooms. The bedroom located on the north side of the facility has an en-suite bathroom attached to it. This bathroom includes a shower, tub, toilet, and sink. The bedroom across the hall, on the south side of the facility, has two resident beds in it. A hallway past these two resident bedrooms leads to an open area that can potentially be used as an exercise room or additional living space for residents. The facility's laundry area is located within its own room adjacent to the additional living space. The facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor.

The gas furnace and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	(118" x 104") + (33" x 60")	98 square feet	1
2	(134" x 107") + (56" x 29")	110 square feet	1
3	(136" x 108") + (61" x 29")	114 square feet	1
4	(209" x 98") + (74.5" x 30") + (64" x 29")	170 square feet	2

The living, dining, and sitting room areas measure a total of **316** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded this facility can accommodate five (5) 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 five (5) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, or 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 intends to accept residents from local Department of Health and Human Services, local Community Mental Health agencies, or private pay individuals as referral sources.

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, unless otherwise identified in the Resident Care Agreement. The facility will make provision for a variety of 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, 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 outside employment.

A criminal history check was conducted and determined that the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. The applicant, Roland Awolope, submitted a statement from a physician documenting his good health and a current negative TB test result.

The applicant/administrator, Roland Awolope, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Awolope has over two years of experience working as a direct care staff in an

adult foster care setting providing medication, assisting with daily living skills, meal prepping, bathing, and taking residents on outings and participating in activities. As a direct care staff, he worked with residents who were developmentally disabled, mentally ill, physically handicapped, and aged. Mr. Awolope provided confirmation of his employment. In addition, Mr. Awolope has taken several college classes at a local community college focusing on the health sciences.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 direct care staff will 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 main floor of the facility.

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 six-month temporary license to this adult foster care small group home with a capacity of five residents.

Cathy Cushman

07/07/2020

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

07/10/2020

Dawn N. Timm
Area Manager

Date