

S T A T E O F M I C H I G A N

JOHN ENGLER, GOVERNOR

D E P A R T M E N T o f C O N S U M E R a n d I N D U S T R Y S E R V I C E S

P.O. Box 30650, Lansing, MI 48909-8150

Kathleen M. Wilbur, Director

05/03/99

DOCATE HOMES INC
5297 CLATO ST
KALAMAZOO MI, 49004

Re: CLATO MINOR AFC
5297 CLATO ST
KALAMAZOO, MI 49004
#AS390085644

Dear DOCATE HOMES INC,

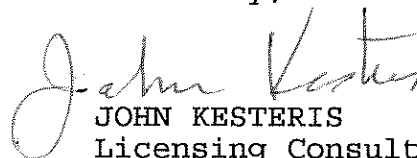
Attached is the Original Licensing Study for CLATO MINOR AFC.
Based upon compliance with the Adult Foster Care Facilities Licensing
Act (Act 218, P.A. of 1979, as amended) and the Administrative Rules
for Adult Foster Care Small Group Homes, a temporary license
is being issued.

The effective dates of the license are 04/01/1999 through 09/30/1999.
with a maximum capacity of 0006 residents.

Please review all of the documents carefully.

Please feel free to contact me if you have any questions.

Sincerely,



JOHN KESTERIS
Licensing Consultant
Division of AFC Licensing
965 W. Milham
Portage MI, 49024
(616) 324-6411

cc: Central Records
Case File

LICENSING STUDY REPORT

I. LICENSING DATA

Facility Name: Clato Minor AFC

Facility Address: 5297 Clato Street
Kalamazoo, Michigan 49004

Facility Telephone: (616) 341-4263

Facility License Number: AS390085644

Licensee Name: Docate Homes, Inc.

Licensee Address: 5297 Clato Street
Kalamazoo, Michigan 49004

Licensee Telephone: (616) 341-4263

Population Served: Developmentally Disabled
Mentally Impaired

Zoning Authority: Cooper Township

Environmental Certification: 04/23/98

Fire Safety Certification: 04/01/99

Original License Date: 04/01/99

Present License: Type – Original
Effective Date – Same

Directory Information: Capacity – 6
Age Range – 18 & up
Gender – Male & Female
Barrier Free – No
Smokers – Yes

Purpose of Study: Original License

Date of On-site Inspection: 04/01/99

Licensing Recommendation: Original/Temporary

Directions to Facility: Mt. Olivet North to Tanda, left to the corner of Clato

II. SUMMARY OF FINDINGS

The Study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing operation of Adult Foster Care Facilities. Included in the inspection was a review of policies and practices regarding resident care, resident programming, and Administrative Management as well as Fire and Environmental Safety. The findings of the on-site inspection are as follows:

A. Administrative Structure:

Docate Homes, Inc., is the Licensee. Thomas, Gado, and Grace Ongwela are the owners of the Facility. The primary caregiver is Paul Ongwela, who is also the designated responsible person.

A review of the application and support documents such as the Financial Statement and Medical Information Form indicate substantial compliance with the applicable Rules regarding Administrative Structure and capability of the Licensee.

B. Admission Criteria:

Thomas Ongwela, acting administrator, has filed an Admission Policy with the Department. The provider prefers to care for both men and women who are aged, mentally ill and developmentally disabled. Residents must be ambulatory and between the ages of eighteen and up. Smokers are accepted but is restricted to designated areas. Residents using wheelchairs cannot be accommodated. Private Pay persons and SSI recipients are accepted. Short-term care is available.

C. Facility Program:

Mr. Paul Ongwela will provide a General Program which includes basic self-care, habilitation training, and transportation. In addition to providing supervision and person care, various programs and activities are provided. They may include outings, arts and crafts, television, games, and social activities.

D. Physical Plant:

1. Physical Description of Facility:

The home is a raised ranch, wood frame structure. The upper level has three resident bedrooms, and one and a half baths, a kitchen, dining area, and a living room. The lower level has four bedrooms, a mechanical area, and a bath under construction. Once completed, the lower level will also be used for resident occupancy.

2. Fire Safety:

On 04/01/99, a Fire Safety inspection as completed. The Facility is in substantial compliance with Rules pertaining to Fire Safety.

3. Environmental Report:

On 04/01/99, an environmental inspection as completed. The Facility is in substantial compliance with Rules pertaining to Environmental Safety.

4. Emergency Procedures:

In accordance with Small Group Rules a written procedure in case of fire or other emergency is available. Emergency telephone numbers are posted near the telephone. Fire Drills are being held quarterly and are recorded on a regular basis.

5. Previous Violations Corrected:

As verified by the on-site inspection on 04/01/99, all physical plant non-compliance has been corrected.

E. Items of Non-Compliance with the Administrative Rules:

Quality of Care

Although this home was previously licensed as a Family Home, there are no residents in care and no Quality of Care deficiencies to be corrected. Resident files will be evaluated at the time of renewal of the license.

Physical Plant

Please note: Use of the lower level bedrooms by residents will be authorized only after the completion of work in the bathroom, laundry and furnace areas.

III. RECOMMENDATIONS

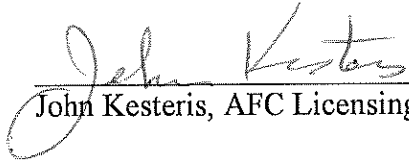
Based upon the Licensing Evaluation, I recommend that a Temporary License be issued for six (6) months.

The terms of the License will enable the Licensee to provide a General Program which consists of basic self-care, habilitation training, and transportation for six (6) residents.

It should be noted that Docate Homes, Inc., is planning to make application to change this facility to a Small Group (7-12) category sine the physical plant could accommodate more than six (6) residents.

5-3-99

Date


John Kesteris, AFC Licensing Consultant

Orngwela - B414263

ADULT FOSTER CARE GROUP HOME WORKSHEET

() ORIGINAL
() RENEWAL

LICENSEE: _____ LICENSE # _____ FACILITY: _____

1. DOCUMENTATION:

DATES:

Application Rec'd*
Fee Rec'd*
Enrollment
Confirmed Receipt of App*
Licensee Rights
1st Inspection/Conf Letter*
LSR Written*

103(1)(bii)
103(1)(biii)
103(1)(biv)
103(1)(bv)
103(1)(c)
103(1)(d)
103(1)(d)

Job Descriptions
Standard Procedures
Proposed Staff Pattern
Organizational Chart
Current Contracts
Current Floor Plan*
Number of Beds and Room Dimensions*
Verify right to Occupy or Lease
Proposed Annual Budget*
Current Credit History
Current Financial Info.*
Training
Resident Care Agreement
Fee Policy*
Refund Agreement*

1a. References*
Sent Rec'd Sent Rec'd

103(1)(f)
103(1)(e)
103(1)(h)

1b. Licensing Clearances*
Sent Rec'd Sent Rec'd

201(2)
203/204
301(6)
301(6)(b)
315(14)

1c. Medical/TB-Licensee/Adm/ Occupants*
Sent Rec'd Sent Rec'd

For Corporations:

103(1)(g)

List of Board of Directors*
Current Art/Incorporation Designation of Admin.*
Certificate/Incorporation*
CS-2500 or CS2000*

2. INSPECTIONS/APPROVALS:

209 Fire: *
Referral Sent Report Rec'd
Compliance Achieved

4. MEMBERS OF HOUSEHOLD/OCCUPANTS: *
(list by name and age)

105

Paul
of Family/Live in Staff
of Roomers/Renters
of AFC Residents
of Total Occupants

Environmental: *
Referral Sent Report Rec'd
Compliance Achieved

5. MISCELLANEOUS:

Building/Electrial/Boiler/Plumbing*
(as needed)

201(14)

Large Group Home Only:
Qualified Person/Food Prep
Emergency Contact Person
Designee to Carry Out*
Duties of Administration
List of Arrangements for Emergency Repairs
Emergency Preparedness Plan
Grievance Proced./if avail

Report Rec'd
Compliance Achieved

206(4)

Zoning: *
Referral Sent Report Rec'd
Compliance Achieved
Excess. Concen. Study Done*
(1-6 Only)

206(5)

209(2)

318(1)(2)

304(1)(f)

3. DOCUMENTS TO REQUEST

102(1)(i) House Rules (if est)
103(1a) Admit/Discharge Pol*
103(1a-c) Program Statement*
103(1b) Personnel Policies

6. VARIANCES*

106

Requested
Sent
Approved

* REQUIRED IN AFC LICENSING FILE



Michigan Millers
Mutual Insurance Company

ACCOUNT NUMBER	AGENT NUMBER	DUE DATE	MINIMUM DUE	BALANCE DUE	AMOUNT OF PAYMENT
9194-71-23	21317	04/17/99	\$216.00	\$216.00	

TO ENSURE DELIVERY OF FUTURE DOCUMENTS, PLEASE NOTIFY YOUR AGENT IMMEDIATELY OF ANY ADDRESS CHANGES.

Department #154501
Michigan Millers Mutual Ins Co
PO BOX 55000
DETROIT MI 48255-1545

NATIONS CREDIT
PO BOX 81400
ATLANTA, GA 30066

RECEIVED
MAR 30 1999
IFC LICENSING DIV

RETURN THIS STUB WITH PAYMENT

21317919471235000216000002160010109

FOLD AND DETACH HERE - RETURN THIS PORTION

ACCOUNT NUMBER	INVOICE DATE	DUE DATE	MINIMUM DUE	BALANCE DUE
9194-71-23 (21317)	03/18/99	04/17/99	\$216.00	\$216.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT BURNHAM & FLOWER AGENCY, INC. AT (616) 381-1173.

THE INSURED: GADO ONGWELA
GRACE ONGWELA
5297 CLATO ST
KALAMAZOO, MI 49004



Michigan Millers
Mutual Insurance Company

P.O. Box 30060 Lansing MI 48909

POLICY NUMBER	DESCRIPTION	EFFECTIVE DATE	NEW AMOUNTS	
			CREDITS/PAYMENTS	CHARGES
9194-71-23	HOMEOWNERS	03/05/99		
	PAYMENT - THANK YOU	03/11/99	\$191.00	
	HOMEOWNERS NEW POLICY	03/05/99		\$407.00

**** NEW BUSINESS BILLING ****

PLEASE ALLOW AT LEAST 5 DAYS FOR MAIL TIME, TO ENSURE YOUR PAYMENT IS RECEIVED BY THE DUE DATE.

THANK YOU FOR INSURING WITH MICHIGAN MILLERS --
THE COMPANY YOU CAN COUNT ON.