

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

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

Kathleen M. Wilbur, Director

04/20/01

GADO ONGWELA  
5078 SOVEL ST  
KALAMAZOO MI, 49004

Re: CRESTWOOD MANOR  
5078 SOVEL ST  
KALAMAZOO, MI 49004  
#AS390095233

Dear GADO ONGWELA,

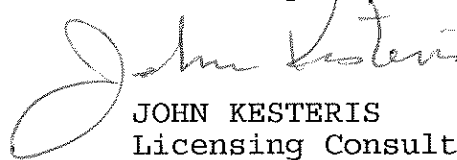
Attached is the Original Licensing Study for CRESTWOOD MANOR. Based upon compliance with the Adult Foster Care Facilities Licensing Act (Act 218, P.A. of 1979, as amended) and the Administrative Rules for Adult Foster Care Small Group Homes, a temporary license is being issued.

The effective dates of the license are 04/20/2001 through 10/19/2001. 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  
890 North 10th St.  
Kalamazoo MI, 49009-9178  
(616) 544-1275

cc: Central Records  
Case File

## LICENSING STUDY REPORT

### I. GENERAL INFORMATION:

Facility Name:	Crestwood Manor
Facility Address:	5078 Solvel Street Kalamazoo, MI 49004
Facility Telephone:	(616) 276-9371
License Number:	AS390095233
Licensee Name:	Crestwood Manor LLC
Licensee Address:	5078 Solvel Street Kalamazoo, MI 49004
Licensee Telephone:	(616) 381-7939
Licensee Designee:	Dr. Gado Ongwela
Administrator:	Dr. Gado Ongwela
Program:	Developmentally Disabled, Mentally Ill
Approved Capacity:	6
Responsible Agency:	C.M.H.
License Type:	Temporary
License Effective Date:	4/20/01
License Expiration Date:	10/19/01
Purpose of Investigation:	Original action
Directions to Facility:	West Main East to Riverview Drive, North to G Avenue, right to Solvel, left to the house on the right.

**II. METHODS:**

The physical plant was inspected on 1/19/01 and the fire safety and health department reports referenced below were also evaluated.

The Quality of Care issues were addressed by review of the application materials and interviews with, and orientation of, the licensee regarding Resident Care Records and Employee Training and Records. Quality of Care will be further evaluated at the time of license renewal when residents are in care.

**III. SUMMARY OF FINDINGS:**

**A. QUALITY OF CARE**

**1. Administrative Structure and Capability:**

- a. Description of Organizational Structure - The primary caregiver is Dr. Ongwela with staff as needed.

The Staffing Pattern is: staff will be shift or live in as needed.

- b. Good Moral Character - The Licensing Record Clearance Request (BRS-1326) indicate that Dr. Ongwela meets the requirements.

- c. Financial Stability and Capability - A review of the application and support documents such as the Financial Statement indicate substantial compliance with the applicable rules regarding financial capability of the licensee.

- d. Disclosure of Ownership Interest - The following persons have ownership interest in this operation: Dr. Gado Ongwela and his son, James Ongwela.

2. Qualifications and Competencies:
  - a. Training - An applicant/Administrator Competency Worksheet has been completed and is on file in the record. Dr. Gado Ongwela has served as applicant/administrator for another Group home facility, Clato Manor, open since April 1999.
  - b. Health - A review of the application and support documents, such as the medical information forms, indicate substantial compliance.
3. Program Information:
  - a. Admission/Discharge - Dr. Ongwela has filed an Admission Policy with the Department. The provider prefers to care for Developmentally Disabled and Mentally Ill residents, who must be ambulatory and between the ages of 18 and up. Smokers are not accepted. Residents using wheelchairs will not be accommodated. SSI recipients will be accepted. Short-term care may be available. Discharge criteria is outlined in the Admission/Discharge Policy.
  - b. Transportation - Arrangements have been made to assure the availability of transportation services involving public and private resources.
  - c. Recreation - Resident social/recreational activities include: customary in home activities and community events as directed in service plans.
4. Facility and Employee Records:
  - a. Facility Records - A review of the application and support documents, such as the Admission/Discharge Policy, Refund Policy, Program Statement, Standard and Routine Procedures, Emergency Preparedness Plans, etc., indicate substantial compliance with the applicable rules.

- b. Staff Policy, Training, and Records - A review of the Personnel Policy, Job Descriptions, Training Plan, indicates substantial compliance with the applicable rules.
5. Resident Care, Services, and Records:
- a. Resident Rights - Resident Rights Pamphlets have been provided to Dr. Ongwela who will be issuing and reviewing them with each admission.
  - b. The licensee has been provided all necessary Resident Record forms to permit compliance.

B. PHYSICAL PLANT:

1. Environmental:

- a. Property Ownership - The file contains a copy of the proof of ownership. Verification of the right to occupy is on file.
- b. Description of Structure - This is a single story building with 4 resident bedrooms, 2 bathrooms, a kitchen, living room/dining room, all located in the original side of the structure. A third bathroom, two bedrooms and a dining room/day room were added to the structure as a new addition.

The lower or basement level includes a laundry room, (1 hr. enclosed) mechanical room and a bathroom, sitting room, bedroom and storage area suitable for occupancy for staff or family of the licensee/administrator.

- c. Square Footage of Bedrooms and Living Space - Documentation of file verifies compliance with space requirements.

2. Sanitation:

On 1/4/01, an environmental inspection was completed. The report indicated this facility is in compliance with rules pertaining to environmental safety. Approval has been granted until

January, 2002. A variance has also been granted for the existing Isolation distance between the well and sewage system.

3. Fire Safety:

On 1/5/01, a fire safety inspection was completed. The report indicated this facility is in substantial compliance with rules pertaining to fire safety. The two items cited have been corrected.

**IV. CONCLUSIONS:**

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 residential care, resident programming, and administrative management as well as Fire and Environmental Safety. The findings of the on-site inspections indicate the facility is in substantial compliance with Act 218 and the Administrative rules.

**V. RECOMMENDATION(S):**

A. TYPE OF LICENSING

Based upon the licensing evaluation, it is recommended that a temporary license be issued for six (6) months.

B. TERMS OF LICENSE:

The terms of the license will permit the licensee to provide a program which includes basic self-care, habilitation training, supervision, protection, and the availability of transportation services for 6 residents.

4-20-01 \_\_\_\_\_  
Date John Kesteris, Consultant  
Division of Adult Foster Care Licensing

4-20-01 \_\_\_\_\_  
Date Robert Bond, Area Manager  
Division of Adult Foster Care Licensing

# Certificate of Occupancy

TOWNSHIP OF COOPER BUILDING DEPARTMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 109 OF THE UNIFORM BUILDING CODE CERTIFYING THAT AT THE TIME OF ISSUANCE THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE TOWNSHIP OF COOPER FOR THE REGULATION OF BUILDING CONSTRUCTION OR USE.  
FOR THE FOLLOWING: BUILDING, ELECTRICAL, MECHANICAL, AND PLUMBING.

USE CLASSIFICATION: RESIDENTIAL BLDG PERMIT # 00-4-3425

OWNER OF BUILDING: GADO ONGWELA ADDRESS 5078 SOLVEL

CONTRACTOR: W.C.A DESIGN BUILDERS PARCEL: 3902-35-480-120

*[Signature]*  
Building Official

BY: *[Signature]*

DATE: 3-16-01

TOTAL P.01

# Correction Notice

Cooper Township

Address: 5078 Solvel

Owner/Contractor: Ongwela

Type of Insp.:  Building  Electrical  Mechanical  Plumbing  
 Foundation/Underground  Rough-In/Framing  Final  Service  
 Other/Explain: \_\_\_\_\_

The following items must be corrected and/or completed:

1. Change Furnace fuse to "S" type fuse
2. of proper size (10 AMP)
3. 6 1/2" fuse
4. Receptacle at furnace must be GFI or simplex.
5. \_\_\_\_\_
6. \_\_\_\_\_
7. Note: Smoke detector system was tested
8. and is working properly.
9. Kevin Cardiff
10. \_\_\_\_\_
11. The above conditions were met on 1/24/01 and
12. called Kevin the same day. Any questions please
13. call the number below. Thanks, Grace O.
14. \_\_\_\_\_

Please call 381-8085 when the above items are completed and/or corrected or if you have any questions regarding this matter. Thank you.

Inspector: K Cardiff / H. Jager

Date: 1/22/01

3/14 TX MM-O, explained that I need a cert. of approval - this is a correction notice.

P.01

FORM-24-2001 09:55:50



**A. Settlement Statement**

Department of Housing and Urban Development

OMB No. 2502-0265

B. TYPE OF LOAN		6. File Number	7. Loan Number	8. Mortgage Insurance Case Number
1. <input type="checkbox"/> FHA	2. <input type="checkbox"/> FinHA	28368	115599	
3. <input checked="" type="checkbox"/> Conv. Unins.	4. <input type="checkbox"/> VA			
5. <input type="checkbox"/> Conv. Ins.				
C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.				
D. NAME OF BORROWER Gado Ongwela 5297 Clato St. Kalamazoo, MI 49004		E. NAME OF SELLER William C. Abbe and Mary Jo Abbe 5078 Solvel Kalamazoo, MI 49004		F. NAME OF LENDER Portage Commerce Bank 800 E. Milham, PO Box 727 Portage, MI 49002
G. PROPERTY LOCATION 5078 Solvel Street Kalamazoo, MI 49004		H. SETTLEMENT AGENT Devon Title Company PLACE OF SETTLEMENT 800 East Milham Suite 201 Portage, MI 49002		I. DATES SETTLEMENT 4/24/00
J. SUMMARY OF BORROWER'S TRANSACTION			K. SUMMARY OF SELLER'S TRANSACTION	
100. GROSS AMOUNT DUE FROM BORROWER			400. GROSS AMOUNT DUE TO SELLER	
101. Contract sales price	122,900.00	401. Contract sales price	122,900.00	
102. Personal property		402. Personal property		
103. Settlement charges to borrower (line 1400)	822.60	403.		
104.		404.		
105.		405.		
Adjustments for items paid by seller in advance			Adjustments for items paid by seller in advance	
106. City/town taxes		406. City/town taxes		
107. County taxes		407. County taxes		
108.		408.		
109.		409.		
110.		410.		
111.		411.		
112.		412.		
120. GROSS AMOUNT DUE FROM BORROWER	123,722.60	420. GROSS AMOUNT DUE TO SELLER	122,900.00	
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER			500. REDUCTIONS IN AMOUNT DUE TO SELLER	
201. Deposit or earnest money	100.00	501. Excess deposit (see instructions)		
202. Principal amount of new loan (s)	99,232.28	502. Settlement charges to seller	4,201.80	
203. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to		
204.		504. Mortgage Payoff Citizens Bank	19,772.90	
205.		505. Mortgage Payoff ContiMortgage	86,609.90	
206.		506.	100.00	
207.		507.		
208.		508.		
209.		509.		
Tax proration 1/1/00 to 4/24/00	390.32	Tax proration 1/1/00 to 4/24/00	390.30	
Seller contribution	2,500.00	Seller contribution	2,500.00	
Adjustments for items unpaid by seller			Adjustments for items unpaid by seller	
210. City/town taxes		510. City/town taxes		
211. County taxes		511. County taxes		
212.		512.		
213.		513.		
214.		514.		
215.		515.		
216.		516.		
220. TOTAL PAID BY/FOR BORROWER	102,222.60	520. TOTAL REDUCTION AMOUNT DUE SELLER	113,575.00	
300. CASH AT SETTLEMENT FROM/TO BORROWER			600. CASH AT SETTLEMENT TO/FROM SELLER	
301. Gross amount due from borrower (line 120)	123,722.60	601. Gross amount due to seller (line 420)	122,900.00	
302. Less amounts paid by/for borrower (line 220)	(102,222.60)	602. Less reductions in amount due seller (line 520)	(113,575.00)	

LICENSEE: Onyiah LICENSE # AS390095233 FACILITY: Crestwood

**1. DOCUMENTATION:**

**DATES:**

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

**1a. References\***

Sent	Rec'd	Sent	Rec'd
_____	_____	_____	_____

**1b. Licensing Clearances\***

Sent	Rec'd	Sent	Rec'd
_____	_____	_____	_____

**1c. Medical/TB-Licensee/Adm/ Occupants\***

Sent	Rec'd	Sent	Rec'd
_____	_____	_____	_____

**2. INSPECTIONS/APPROVALS:**

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

**Environmental:**  
 Referral Sent  Report Rec'd   
 Compliance Achieved

**Building/Electrical/Boiler/Plumbing\***  
 (as needed)  
 Report Rec'd \_\_\_\_\_  
 Compliance Achieved

**3. DOCUMENTS TO REQUEST:**

- NA 102 (1)(l) House Rules (if estab)
- 103 (1a) Adm/Discharge Policy
- 103(1a-c) Program Statement
- NA 103(1b) Personnel Policies
- 103(1)(bii) Job Descriptions
- 103(1)(biii) Standard Procedures

**3. DOCUMENTS TO REQUEST (Con't)**

- 103(1)(biv) Proposed Staff Pattern
- 103(1)(bv) Organizational Chart
- NA 103(1)(c) Current Contracts
- 103(1)(d) Current Floor Plan\*
- 103(1)(d) Number of Beds and Room Dimensions\*
- 103(1)(f) Verify Right to Occupy or Lease
- 103(1)(e) Proposed Annual Budget\*
- 103(1)(h) Current Credit History
- 201(2) Current Financial Info.\*
- 203/204 Training
- 301(6) Resident Care Agreement
- 301(6)(b) Fee Policy\* SSJ
- 315(14) Refund Agreement\*

**For Corporations: LLC**

- NA 103(1)(g) List of Board of Directors
- Current Art/Incorporation
- Designation of Admin.\*
- Certificate/Incorporation
- NA CS 2500 or CS 2000\*

**4. MEMBERS OF HOUSEHOLD/OCCUPANTS\*:**

(list by name and age)

NA 105 # of Family/Live in Staff

\_\_\_\_\_ # of Roomers/Renters

\_\_\_\_\_ # of AFC Residents

\_\_\_\_\_ # of Total Occupants

**5. MISCELLANEOUS:**

- NA 201(14) Large Group Home Only: Qualified Person/Food Prep
- 206(4) Emergency Contact Person
- 206(5) Designee to Carry Out\* Duties of Administration
- 209(2) List of Arrangements for Emergency Repairs
- 318(1)(2) Emergency Preparedness Plan
- NA 304(1)(f) Grievance Procedures. (if available)

**6. VARIANCES\***

- NA 106 Requested
- \_\_\_\_\_ Sent
- \_\_\_\_\_ Approved

\* REQUIRED IN AFC LICENSING FILE