



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 27, 2020

Phillis Njoroge and Jacob Mwanja
Apt. 104
24456 Conifer
Farmington Hills, MI 48335

RE: Application #: AF390398508
Caring Hearts AFC
1029 Westmoreland Ave.
Kalamazoo, MI 49006

Dear Phillis Njoroge and Jacob Mwanja:

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 Adult Foster Care family home license, and temporary certification of specialized programs for the developmentally disabled and mentally ill populations, with a maximum capacity of six, 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 #:	AF390398508
Applicant Name:	Phillis Njoroge and Jacob Mwanja
Applicant Address:	1029 Westmoreland Ave. Kalamazoo, MI 49006
Applicant Telephone #:	(269) 808-1461
Administrator/Licensee Designee:	N/A
Licensee:	Phillis Njoroge and Jacob Mwanja
Name of Facility:	Caring Hearts AFC
Facility Address:	1029 Westmoreland Ave. Kalamazoo, MI 49006
Facility Telephone #:	(269) 808-1461
Application Date:	02/27/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/27/2019	Enrollment
02/27/2019	Application Incomplete Letter Sent. Signed 1326/RI 030/Fingerprint for Jacob Mwanja and signed 1326 for Phillis Njoroge
04/17/2019	Contact - Document Received. 1326/RI 030/Fingerprint for Jacob Mwanja and 1326 for Phillis Njoroge
04/17/2019	PSOR on Address Completed
04/17/2019	Contact - Document Sent- Rule Book
04/17/2019	File Transferred To Field Office- Lansing
04/29/2019	Application Incomplete Letter Sent
09/19/2019	Contact - Document Received-Revised application adding joint applicant
09/23/2019	Application Incomplete Letter Sent- 1326/RI 030 for joint applicant Phillis Njoroge and AFC 100 for Responsible Person Esther Mulili
11/25/2019	Contact - Document Received-1326/RI 030 for Phillis Njoroge and AFC 100 for Esther Mulili
11/27/2019	Comment- Sent revised paperwork to Consultant
02/25/2020	Contact - Document Received
02/25/2020	Contact - Document Sent- Sent applicant an email. Attached Medical Clearance Forms for both applicants, the family home rule book, and the family home renewal checklist
08/17/2020	Inspection Completed On-site
08/17/2020	Contact- Confirming Letter Sent
08/20/2020	Contact- Requested documentation received
08/25/2020	Contact- Requested documentation received
08/25/2020	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Caring Hearts AFC is a five-bedroom, two-story home located on Western Michigan University's campus, in the Township of Kalamazoo. The home's main entrance leads into a large living room area. To the left of the living room is the home's dining room and kitchen. To the back of the home's kitchen is an enclosed gazebo and spacious outside deck. Located towards the back of the home are two resident bedrooms, one resident full bathroom, and two locked closets for safeguarding medication and cleaning supplies. There are two additional resident bedrooms, and one resident full bathroom, located on the home's second floor, as well as one large bedroom for the applicants and their two minor children. The home has an attached one-car garage. The AFC family home is not wheelchair accessible.

An on-site inspection verified the home was in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system.

An on-site inspection verified the home was in substantial compliance with rules pertaining to fire safety. The applicants plan to obtain a certification for specialized programs. Therefore, the home is equipped with an interconnected multi-station smoke detection system with battery backup. Smoke detectors were installed near sleeping areas, on each floor of the home, and in the basement, near heat producing equipment. On file is written verification from a qualified inspection service verifying the home's interconnected multi-station smoke detection system was installed correctly and in good working condition. The applicants understand the additional fire safety requirements associated with having a certification for specialized programs.

The home's washer and dryer, gas-fired hot water heater, and gas-fired furnace are located in the basement. A 1 ¾-inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the top of the stairs leading to the home's basement, creating floor separation. On file is written verification from a qualified inspection service verifying the home's hot water heater and furnace were properly installed and in good working condition. On file is documentation verifying the ceiling tiles located in the home's finished basement have a Class A fire rating, and the paneling located on the walls in the basement, first floor bathroom, and applicants' bedroom have a Class C fire rating.

To offer residents a preference in bedroom, and to ensure roommate compatibility, the applicants' requested each bedroom be measured and approved for resident occupancy. The applicants' understand they will not exceed the home's licensed capacity of six residents, and that the number of occupants in the home, other than the applicants, shall not exceed 10 persons. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6" X 12'8"	133	2
2	10'6" X 12'5"	130	2
3	10'3" X 12'5"	127	1
4	27'13" X 11'3"	307	3
5	23'6" X 22'8"	276	3

The indoor living areas and dining areas measure a total of 535 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection, and personal care to six ambulatory who are mentally ill and/or developmentally disabled. The applicants intend to offer a specialized program of services and supports that will meet the unique programmatic needs of mentally ill and/or developmentally disabled residents, as set forth in residents' assessment plans, individual plan of services, treatment plans and/or behavioral treatment plans. The applicants intend to provide a warm, homelike atmosphere that fosters personal growth and nurtures decision-making skills. The applicants intend to provide nutritious and fresh meals every day, administer medications, and assist residents with their personal care, all while maintaining a clean and organized environment.

The applicants understand that staffing levels in the home must be sufficient to implement residents' assessment plans, individual plans of services, treatment plans and/or behavior treatment plans. The applicants, as well as all employees, responsible persons and members of the household working with the residents, will successfully complete a course of training which imparts basic concepts required in providing specialized dependent care.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements.

Both genders are accepted at the home. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through Kalamazoo County Community Mental Health and other local Community Mental Health agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in residents' assessment plans, individual plans of services, treatment and/or behavior treatment plans. These programs shall be implemented only by trained staff,

and only with the prior approval of the residents, guardians, or the residents' responsible persons.

The home is conveniently located on Western Michigan University. In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including the university, public schools and libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

Applicant Phyllis Njoroge has 10 years of experience as a Vocational Rehabilitation Counselor. In this capacity, Ms. Njoroge provided services to individuals who primarily had vision impairments, but also to those individuals with other physical and developmental disabilities, including traumatic brain injuries. As a registered nurse, applicant Jacob Mwanja has 4 years of experience as a medical surgical and intensive care unit nurse. Currently, Mr. Mwanja works as a psychiatric mental health nurse.

Criminal history background checks of the applicants and responsible person were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, along with outside employment.

The applicants acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicants, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicants acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants 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 applicants acknowledged 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 applicants 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 applicants acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants 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 residents' personal money transactions that have been agreed to be managed by the applicant(s).

The applicants acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants indicated intent to respect and safeguard these resident rights.

The applicants acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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

C. Rules or Statutory Violations

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

III. RECOMMENDATION

I recommend issuance of a six-month temporary Adult Foster Care family home license, and temporary certification of specialized programs, to this Adult Foster Care family home with a capacity of six.

Michele Streeter

08/25/2020

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

08/27/2020

Dawn N. Timm
Area Manager

Date