



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 14, 2020

Fidelis Kamuntu
Goretti Health LLC
4303 Linden Dr
Midland, MI 48640

RE: Application #: AS560404325
Goretti AFC
4303 Linden Dr
Midland, MI 48640

Dear Mr. Kamuntu:

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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS560404325
Licensee Name:	Goretti Health LLC
Licensee Address:	4303 Linden Dr Midland, MI 48640
Licensee Telephone #:	(989) 400-5367
Administrator/Licensee Designee:	Fidelis Kamuntu
Name of Facility:	Goretti AFC
Facility Address:	4303 Linden Dr Midland, MI 48640
Facility Telephone #:	(989) 400-5367
Application Date:	04/17/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/17/2020	On-Line Enrollment
04/21/2020	Contact - Document Sent forms sent
06/02/2020	Contact - Document Received 1326,ri030, fps
06/22/2020	Application Incomplete Letter Sent
07/27/2020	Inspection Completed On-site
08/03/2020	Inspection Completed-BCAL Sub. Compliance
08/03/2020	Inspection Completed On-site
11/20/2020	Inspection Completed On-site
11/20/2020	Inspection Completed-BCAL Full Compliance
12/03/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Goretti AFC is a single-family home which has 3,639 sq ft of total living space and was built in 1969. This home features 5 bedrooms and 3.5 bathrooms. The main floor offers tons of living space with a large living room and windows overlooking the park, eat-in kitchen, large dining room with a cathedral ceiling and a heated sunroom. The lower levels offer much more living space with a family room, large office, workshop, and additional rooms.

Goretti AFC located in a rural subdivision in the Midland County. The home is owned by Mr. Fidelis Kamuntu and it will be utilized to care for and house vulnerable adults. Shopping, medical facilities, and access to other community-based services are available a short distance away in Midland. This facility utilizes the public water and sewer system.

Goretti AFC is equipped with a natural gas forced air and hot water heater which are both located in a room that has a 1-hour-fire-resistance rating with a fire door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected by Carey's Plumbing & Heating and was determined to be fully operational on 08/18/2020. 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 Number	Room Dimensions	Total Square Footage	Total Resident Number of Beds
#1 (Main Floor)	13 X 11	143	1
#2 (Main Floor)	15 X 10	150	1
#3 (Main Floor)	16 X 16	256	2
#4 (Lower Level)	10 X 12	120	1
#5 (Lower Level)	10 X 12	120	1

The Family Room, Living Room, Dining Room, and Sunroom areas measure a total of 1662 square feet of living space. This exceeds the minimum of 35 square feet per resident 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

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 six (6)

male or female adults, ages 18 and above, whose diagnosis is developmentally disabled, physically handicapped, or mentally impaired, in the least restrictive environment possible. The facility is not wheelchair accessible. 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.

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. 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 is Goretti Health LLC., which is a, was established in Michigan, on 04/13/2020. 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.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one (1) staff to six (6) residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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),

5 L-1 Identity Solutions™ (formerly Identix ®), 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis.

In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this AFC adult small group home (capacity 1 to 6).



12/14/2020

Anthony Humphrey
Licensing Consultant

Date

Approved By:



12/14/2020

Mary E Holton
Area Manager

Date