



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 15, 2021

Rose Ogolla  
Precious Care Assisted Living, LLC  
720 W. Walnut Street  
Kalamazoo, MI 49007

RE: Application #: AS390406091  
**Academy Assisted Living**  
**735 Academy St.**  
**Kalamazoo, MI 49007**

Dear Ms. Ogolla:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390406091
<b>Licensee Name:</b>	Precious Care Assisted Living, LLC
<b>Licensee Address:</b>	720 W. Walnut Street Kalamazoo, MI 49007
<b>Licensee Telephone #:</b>	(269) 414-8013
<b>Licensee Designee:</b>	Rose Ogolla
<b>Administrator:</b>	Rose Ogolla
<b>Name of Facility:</b>	Academy Assisted Living
<b>Facility Address:</b>	735 Academy St. Kalamazoo, MI 49007
<b>Facility Telephone #:</b>	(269) 414-8013 10/09/2020
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/09/2020	On-Line Enrollment
10/12/2020	File Transferred To Field Office Lansing
10/22/2020	Application Incomplete Letter Sent
07/28/2021	Contact-Document Received-Facility Records
08/03/2021	Contact-Document Received-Program Statement
08/18/2021	Contact-Document Received-Floor plan
08/18/2021	Application Complete-On-site Needed
08/27/2021	Inspection Completed On-site
09/10/2021	Contact-Document Received-Electrical/Furnace Inspection
10/06/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Academy Assisted Living is a three-story older home within the city of Kalamazoo near commercial and rental properties. The home has a basement which can only be accessed from the outside of the house. Residents will not occupy either the basement or the third story of the house. The home is located within walking distance of downtown, public transportation, and many community services.

The home only has one wheelchair ramp to the front door therefore the home is not wheelchair accessible. The first floor includes a living room, dining room and a kitchen with an exit door to a large deck. There are three resident bedrooms and a full bathroom available to residents on the first floor. The second floor contains a common living area, three resident bedrooms, a full bathroom available to residents, and a laundry room.

The resident bedrooms are intended for single occupancy although 5 of the 6 bedrooms have sufficient space for two residents. The third floor contains an apartment that will be occupied by live-in staff only and will not be used by residents. The home utilizes public water supply and public sewer and during the on-site inspection was in compliance with all applicable environmental health rules.

The home is heated by two gas fueled furnaces located in the basement of the home which can only be accessed from the outside of the house. The furnace and hot water heater are enclosed in an approved heating plant room. The heating plant room is

equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were inspected on August 05,2021 and found to be in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system throughout the home. The system was inspected on 9/10/2021 and found to be fully operational. The home also has fire extinguishers on each of the three levels of the home. There is one fireplace in the common living area that will not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.3' X 14.7'	196'	1
2	13.1' X 13.7'	179'	1
3	12.7' X 9.5'	121'	1
4	14.3' X 13.1'	187'	1
5	10.6' X 9.5'	133'	1
6	13.7' X 11.7'	151'	1

The living, dining, and sitting room areas measure a total of 460 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 private sources for payment and from Integrated Services of Kalamazoo, Pines Behavioral Health, and Summit Point.

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.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of

this facility to utilize local community resources for recreational activities including Summit Pointe, local churches, local grocery stores, local restaurants, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant/Administrator Qualifications**

The applicant Precious Care Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/05/2017. 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. Ms. Rose Ogolla is the Resident Agent of Precious Care Assisted Living, L.L.C. and has submitted documentation appointing herself as licensee designee for this facility.

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. Ms. Rose Ogolla submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Rose Ogolla have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Rose Ogolla received her Bachelor of Business Administration at Western Michigan University. Ms. Ogolla has been functioning as the Director of Operations at an adult foster care agency where she supervises direct care staff at five adult foster care homes and has provided direct care services to residents. Ms. Ogolla has direct care experience working as a Certified Nurse Assistant at an assisted living facility for three years. She has multiple years of experience working with individuals diagnosed with mental illness, developmental disability and physically handicapped.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 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 that 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 acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 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 applicant acknowledged their 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 applicant acknowledged 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 acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

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

**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 six-month temporary license to this adult foster care small group home



Ondrea Johnson  
Licensing Consultant

10/20/2021  
Date

Approved By:



11/15/2021

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Dawn N. Timm  
Area Manager

Date