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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 1, 2022

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

RE: Application #: AM800406124
Decatur Assisted Living
209 W. Delaware St.
Decatur, MI 49045

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 12 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM800406124

Applicant Name: Precious Care Assisted Living, LLC

Applicant Address: 720 W. Walnut Street
Kalamazoo, MI 49007

Applicant Telephone #: (269) 414-8013

Administrator Rose Ogolla

Licensee Designee: Rose Ogolla

Name of Facility: Decatur Assisted Living

Facility Address: 209 W. Delaware St.
Decatur, MI 49045

Facility Telephone #: (269) 414-8013

Application Date: 10/13/2020

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

06/11/2020	Inspection Completed-Fire Safety : A Done for active facility AM800406124 ok to use per Lic Consultant
10/13/2020	Enrollment
10/13/2020	File Transferred To Field Office Lansing
10/22/2020	Application Incomplete Letter Sent
11/16/2020	Contact - Document Received Received the following: bank statements, program statement, admission policy, discharge policy, statement of experience, personnel policies, staffing pattern and organizational chart.
11/18/2020	Contact - Document Received Received training for LD. Received floor plan. Received medical and TB verification.
02/18/2021	Inspection Completed On-site
02/25/2021	Contact - Document Sent Sent confirming letter via email.
07/28/2021	Contact - Document Received Received email from licensee designee stating she was resubmitting documents for the facility, which included the program, admission, discharge, refund, and personnel policies, and job descriptions, plus staffing patterns, and organizational chart.
08/09/2021	Inspection Completed-BCAL Sub. Compliance
08/23/2021	Contact - Document Received biannual budget and emergency procedures
09/24/2021	Contact - Document Received Smoke detection inspection
11/02/2021	Contact – Document Received Proof of ownership, zoning approval
12/22/2021	Inspection Completed-Fire Safety : A
02/22/2022	Contact – Document Received

Received medical statement from licensee designee.

03/01/2022 Inspection Completed- BCAL Full compliance- all documents received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story home located in downtown Decatur, Michigan. Decatur is located within Van Buren County, Michigan and has a population of approximately 2,000 people. Due to its location, the facility utilizes both public water and sewage. Zoning approval from Decatur Township was received by the Department on 11/02/2021.

The facility has a total of five bedrooms on the main level and five bedrooms on the 2nd level; however, the facility will have one to two live-in staff utilizing bedrooms at any given time. The facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. One ramp is located off the back of the house and the other ramp is located on the front of the house.

There are four foot chain fences on the front and back of the facility gated doors for each fenced in area. The licensee has requested a variance in order to lock these gates to prevent potential elopements from residents. The facility's front gated door is connected to the beginning of the facility's wheelchair ramp on the front porch. The facility's back gated door is approximately 10 feet from the end of the back wheelchair ramp. The locks on both gates require either a key or a key code to exit, which will be known to both staff or residents who do not require a secure facility.

The back of the facility houses a small dining area, the facility's office, and the kitchen. There is also a screened in porch off the facility's office that is currently being used for storage but could be used as an additional common area for residents in the future. Off the facility's office is a bedroom for a live-in direct care staff or a private pay resident. This bedroom has an attached bathroom with shower. The laundry area is in a small room between the dining room and kitchen. Additional resident bedrooms and a resident full bathroom are located off the kitchen area. Through the kitchen is an additional dining area and the facility's living room. The facility's stairs to the 2nd level are located through the living room. To the right of the stairs are additional resident bedrooms and a half-bathroom. Also, at the bottom of the stairs is a door to the front of the house which leads to a large, covered porch and the facility's additional wheelchair ramp. Both wheelchair ramps were inspected and approved by a State of Michigan building inspector on 10/08/2019.

On the 2nd level of the facility, there are a total of five bedrooms available; however, the bedroom located to the left of the upstairs bathroom will be utilized for a live-in direct care staff leaving the remaining four bedrooms for residents. The 2nd floor bathroom, with a tub, is located at the end of the hallway. The facility's back staircase is accessed by entering the facility's live-in staff's bedroom. In addition, this bedroom will not be utilized as a resident bedroom.

The facility has a basement, which is only accessible from the outside. It will not be accessible to residents but can be used for storage. Both the furnace and water heater utilize gas and are both located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The applicant submitted documentation showing the furnace and electrical/smoke alarms were inspected and in good working order on 01/29/2021 and 09/17/2021, respectively.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility. The Bureau of Fire Services conducted an inspection at the facility on 12/22/2021 and determined it was in substantial compliance with all applicable fire safety rules. The facility utilizes public water and sewage disposal. This consultant inspected all other applicable environmental health rules and found the facility to be in substantial compliance with the rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.9 ft x 9 ft	143 sq ft	1
2	11.1 ft x 11.8 ft	130 sq ft	1 or 2
3	12.3 ft x 16 ft	196 sq ft	1 or 2
4	19.2 ft x 11.3 ft	216 sq ft	1 or 2
5	17.4 ft x 9.3 ft	161 sq ft	1 or 2
6	10.6 ft x 13.3 ft	140 sq ft	1 or 2
7	14.9 ft x 10.8 ft	160 sq ft	1 or 2
8	9.2 ft x 9.8 ft	90 sq ft	1
9	10.2 ft x 14.2 ft	144 sq ft	1 or 2

The living, dining, and sitting room areas measure a total of **584** 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 **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity despite multiple resident bedrooms being able to house more than one resident.

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 **twelve (12)** male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, or aged 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 local Department of Health and Human Services and Community Mental Health agencies, as well as, private pay individuals as referral sources.

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 as required by the *Resident Care Agreements*. 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. The facility is within walking distance to local shops, restaurants, and parks which residents will be able to access according to their assessment plans.

C. Applicant and Administrator Qualifications

The applicant is Precious Care Assisted Living, LLC, 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.

Rose Ogolla, the sole member of Precious Care Assisted Living, LLC, appointed herself as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Rose Ogolla submitted a statement from a physician documenting her good health and current TB results. The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the

administrative group home rules. Ms. Ogolla has owned and operated Adult Foster Care facilities in the surrounding area since 2013, which have focused on providing care to adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, traumatically brain injured or aged. Prior to operating Adult Foster Care facilities, she worked as a certified nursing assistant and medication aide in an adult foster care setting.

Though the applicant is Precious Care Assisted Living, LLC the owner of the facility is Delaware Commercial Properties, which is a domestic limited liability company owned by Paul Ongwela. Mr. Paul Ongwela submitted a letter indicating Thomas Ongwela has the fiduciary responsibility of managing all of his transactions related to the property. Mr. Thomas Ongwela submitted documentation indicating he also gave Ms. Rose Ogolla permission to lease the property with the intent to purchase it.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff to 12 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 not 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 acknowledges 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) 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 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 acknowledges 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 acknowledges 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 acknowledges their responsibility to obtain the required written assessment, 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 acknowledges 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 acknowledges 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 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 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 12 residents.



03/01/2022

Cathy Cushman
Licensing Consultant

Date

Approved By:



03/15/2022

Dawn N. Timm
Area Manager

Date