

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 24, 2022

Sulayman Aninure Anikare AFC 323 E Glenguile Parchment, MI 49004

> RE: Application #: AM030412015 Anikare's Home 328 E Morrell St Otsego, MI 49078

Dear Mr. Aninure:

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 (616) 356-0100.

Sincerely,

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Ian Tschirhart, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM030412015		
	710000412010		
Licensee Name:	Anikare AFC		
Licensee Address:	323 E Glenguile Parchment, MI 49004		
Licensee Telephone #:	(269) 254-0241		
Licensee Designee:	Sulayman Aninure		
Administrator:	Yvonne Aninure		
Name of Facility:	Anikare's Home		
Facility Address:	328 E Morrell St Otsego, MI 49078		
Facility Telephone #:	(269) 254-0241		
Application Date:	03/15/2022		
Capacity:	12		
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS		

II. METHODOLOGY

03/15/2022	On-Line Enrollment	
05/12/2022	Contact - Document Received 1326	
05/13/2022	Comment sent email to candace	
06/02/2022	Application Incomplete Letter Sent	
06/13/2022	Contact - Document Received Mr. Aninure sent me an email with several documents attached	
06/13/2022	Contact - Document Sent I sent Mr. Aninure an email requesting required documents	
06/14/2022	Contact - Document Received Mr. Aninure sent me an email with several documents attached	
06/16/2022	Contact - Document Received Mr. Aninure sent me an email with several documents attached	
06/17/2022	Contact - Document Sent I sent a few emails to Mr. Aninure requesting various documents	
06/17/2022	Contact - Document Received Mr. Aninure sent me the Sale in Progress Statement via email	
06/21/2022	Contact - Document Sent I sent a few emails to Mr. Aninure requesting further information	
06/21/2022	Application Complete/On-site Needed	
06/23/2022	Inspection Completed On-site	
06/23/2022	Inspection Completed-BCAL Full Compliance	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant, Anikare AFC, whose Licensee Designee is Sulayman Aninure, purchased this home and Adult Foster Care (AFC) business from Diana's Care, L.L.C., whose Licensee Designee was Diana Multer. The home was licensed and operated by Diana's Care, L.L.C. for several years and remained in operation until

this new license was issued. Anikare AFC is the company that will own and operate this new AFC license and home. A Sale In Progress Statement was submitted by the applicant to this Licensing Consultant. The applicant also submitted an email response from the City of Otsego granting zoning approval for the operation of an adult foster care home at this address.

The facility is a single-story ranch style building located in a residential area of Otsego, Michigan. The home is wheelchair-accessible, including the bathrooms. The home has seven resident bedrooms, four full bathrooms and two half bathrooms, which are within two resident bedrooms. The facility has a large dining and living room, medication room, pantry, laundry room, recreation room, and furnace/water heater room. The home is wheelchair accessible, including one ramp at the front door and one in the back, both meet building code and licensing rules.

There are two decks attached to the house, and there is a large shed on the property. All are in good condition.

There is a driveway as well as a semi-circular drive in front of the house, making for ample parking.

The facility uses public water and sewage systems.

The Bureau of Fire Services gave this home an "A" approval rating on 12/28/2021, which means it was in full compliance with fire safety codes required for an AFC home of this size. Although the license will be for 12 residents, this home is not sprinkled. The previous license was grandfathered in regarding this, and this new license will also be grandfathered in as there will be no break in time that this home is licensed.

The house, furnishings, appliances, utensils, etc. are all in good condition, and the landscaping is well-maintained.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'7"X13'1"	177	2
2	13'7"X13'9"	186	2
3	11'4"X13'7"	153	1
4	13'5"X13'6"	181	2
5	13'5"X11'11"	160	2
6	15'9"X9'9"	153	1
7	16'2"X10'2"	164	2

Resident bedrooms were measured have the following dimensions:

Total Capacity: 12

The recreation, living, and dining room areas measure a total of 751 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

B. Program Description

The applicant provided the following outline regarding its program services:

Population to be served

- Aged
- Mentally ill
- Developmentally disabled
- Alzheimer's

Program Goals

• To provide for the physical, emotional, intellectual and social needs of each resident.

And provide residents with a safe and peaceful environment. To give and receive in return dignity and respect and to ensure residential rights, at all times.

Services in the home

• Services in the home will meet the specification outlined in the Person Centered plan (service plan) and in the Written Assessment.

Services available from outside the home

• We have a provision for group outings and local medical appointments for our residents.

Community resources

• Community resources for residents are met by Case Management, Family or other public, state, and federal agencies.

Staff competencies necessary to carry out the services

• Staff shall be qualified in the areas below before working with residents. Training shall be renewed before they are due.

(1) Direct care staff shall not be less than 18 years of age and shall be able to complete required reports

and follow written and oral instructions that are related to the care and supervision of residents.

(2) Direct care staff shall possess all of the following qualifications:

(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.

(b) Be capable of appropriately handling emergency situations.

(3)Direct care staff shall be competent in all of the following areas:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

Anikare's Home will provide minimally a 1:12 staff to resident ratio at all times residents are in the home; additional staff may be used as determined by resident and operational needs of the facility. Initially Mr. Aninure will be the primary care provider, with other staff being added as the resident population increases. Once additional staff is hired the facility will operate on a shift basis, having 3 eight and a half hour shifts daily. Mr. Aninure will provide the majority of the training, with staff obtaining First Aid and CPR training for qualified trainers. The proposed staff shifts are as follows:

- 1st Shift: 8am to 4pm
- 2nd Shift: 4pm to 12am
- 3rd Shift: 12am to 8am

Anikare's Home will provide services to individuals who are aged, physically handicapped, were diagnosed with Alzheimer's Dementia, and/or who are mentally ill. The licensee designee has identified males and females over the age of 45 years to be the target population for this facility. Anikare's Home is a non-smoking facility. The facility prefers private pay individuals. Emergency transportation will be available.

The requirements for resident record keeping were reviewed with Mr. Aninure and he was supplied the forms required to achieve compliance with the rules related to resident records.

Anikare's Home has developed and submitted to the Department personnel policies, job descriptions and house rules that will be utilized in the training of employees. The qualifications for direct care staff were reviewed with Mr. Aninure and Section 400.734b of PA 218 was discussed regarding criminal history checks on employees

Technical assistance was provided to Mr. Aninure on Act and administrative requirements related to the home and resident and employee record keeping.

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** male and/or female adults aged 30 to 90 years, who may be diagnosed with a physical handicap, mental illness and/or developmental disability and/or who is aged. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. Anikare's Home will provide services to residents diagnosed with Alzheimer's Disease, and the applicant has submitted an acceptable Alzheimer's Statement.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Anikare's Home will provide transportation to residents, and any charges for such will be stated in the Resident Care Agreement. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

The applicant, Sulayman Aninure, and his wife, Yvonne Aninure, currently own and operate two other licensed Adult Foster Care homes, Anikare (License # AF390372784) and Anikare 2 (License # AS390390743).

Anikare's Home LLC has appointed Sulayman Aninure to be the licensee designee for the corporation and to be the administrator of the facility. Mr. Aninure has submitted documentation to verify his qualifications to be the licensee designee of the facility. Mr. Aninure's Record Clearance and Medical Clearance demonstrated substantial compliance with the applicable rules. The financial information provided by Anikare's Home demonstrated compliance with the applicable rules related to financial capability and stability.

Mr. Aninure has submitted in writing that Yvonne Aninure will be the administrator for this home. Yvonne Aninure also has current Medical and Records Clearances on file with no exclusionary results found on either. Her TB test result is also up-to-date and was negative.

Mr. Aninure has completed a training on human nutrition in 2016, and he furnished the certificate for this training to this Licensing Consultant.

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), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and 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.

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.

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 temporary license to this adult foster care medium group home (capacity 12).

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June 23, 2022

Licensing Consultant

Date

Approved By:

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June 24, 2022

Jerry Hendrick Area Manager Date