



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 11, 2022

Anthony Gichemi
PENDOGANI GL LLC
4654 Middlebury Dr. SE
Kentwood, MI 49512

RE: Application #:	AS410411993 PENDO GANI AFC HOME 3675 Ponca Ct SW Grandville, MI 49418
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Dear Mr. Gichemi:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410411993
Licensee Name:	PENDOGANI GL LLC
Licensee Address:	4654 Middlebury Dr. SE Kentwood, MI 49512
Licensee Telephone #:	(616) 821-2213
Administrator/Licensee Designee:	Anthony Gichemi, Designee Mitchelle Limo, Administrator
Name of Facility:	PENDO GANI AFC HOME
Facility Address:	3675 Ponca Ct SW Grandville, MI 49418
Facility Telephone #:	(616) 531-3030
Application Date:	03/11/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/11/2022	On-Line Enrollment
03/16/2022	Contact - Document Sent Forms sent
04/04/2022	Application Incomplete Letter Sent Emailed app incomplete letter, TZ
05/12/2022	Contact - Document Received 1316, ri030.
05/16/2022	Comment sent email to Antony need AFC 100 but already ran iChat
05/16/2022	Contact - Document Received

	AFC 100
05/19/2022	Comment waiting for FPs to be added sent candace an email on 5/16/22
06/03/2022	PSOR on Address Completed
06/03/2022	File Transferred To Field Office
06/06/2022	Application Incomplete Letter Sent Emailed letter and mailed USPS.
06/16/2022	Contact - Document Received emails exchanged between LD re: smoke detectors in the facility.
06/21/2022	Contact - Document Received Facility documents received in office.
07/26/2022	Inspection Completed On-site
08/01/2022	Inspection Completed-BCAL Full Compliance
08/11/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a colonial style building located on a cul de sac subdivision in the City of Grandville. The main floor consists of a living room, kitchen, dining room, 2 nonresident bedrooms, 1 resident bedroom and 1 full bathroom for resident use. The lower walk out level consists of 3 resident bedrooms, a full bathroom for resident use, a resident living room, laundry room and a heat plant room. This facility utilizes public water and sewer and is not wheelchair accessible and therefore should not accept residents that require the use of a wheelchair.

The gas hot water heater and gas furnace are located in a heat plant room in the laundry room in the lower level of the facility. The heat plant room has a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. 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 smoke detectors have been installed near sleeping areas in the main level of the facility and in the lower level, in the living room both up and lower and in the lower level of the facility near the furnace. There is a door

located at the bottom of the steps leading to the lower level that has a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware to create floor separation for fire safety. **Fire extinguishers are installed on each floor of the home.*

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-main	10.75 X 13.08	140.61	1
2-lower, North	14.08 X 13.25	186.56	2
3-lower, Southeast	13.08 X 11.33	148.19	1
4-lower, Southwest	10.83 X 15.83	171.43	2

The living, dining, and sitting room areas measure a total of 610 square feet of living space utilizing space both on the main level and the lower level of this facility. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six 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 Ottawa, Kent County-DHS, Ottawa, Kent County CMH, private pay individuals or other area counties as a referral source.

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 may provide transportation for program and medical needs as described and agreed upon in the resident care agreement. 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 Pendogani GL, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/09/2021. 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.

The members of Pendogani, L.L.C. have submitted documentation appointing Anthony Gechemi as Licensee Designee for this facility and Michelle Limo as the Administrator of the facility.

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

The applicant/licensee designee and 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 6 bed facility is adequate and includes a minimum of 2 staff to 6 (2:6) residents during first and seconds shifts and 1:6 during third shift hours. 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 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 of the resident's 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 will not reside in this facility as the facility cannot accommodate residents with mobility impairments.

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 AFC adult small group home (capacity 6).



08/11/2022

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



08/11/2022

Jerry Hendrick
Area Manager

Date