



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2022

Catherine Funches
Shalom Care LLC
1806 Opaline Drive
Lansing, MI 48917

RE: Application #: AS230412506
Shalom Care
1806 Opaline Drive
Lansing, MI 48917

Dear Ms. Funches:

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 5 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 "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230412506
Licensee Name:	Shalom Care LLC
Licensee Address:	1806 Opaline Drive Lansing, MI 48917
Licensee Telephone #:	(214) 883-6744
Administrator:	Shingirai Mugadza
Licensee designee:	Catherine Funches
Name of Facility:	Shalom Care
Facility Address:	1806 Opaline Drive Lansing, MI 48917
Facility Telephone #:	(214) 883-6744
Application Date:	04/28/2022
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/28/2022	On-Line Enrollment
05/27/2022	Contact - Telephone call made - App Inc will be sent 5/31
06/03/2022	Application Incomplete Letter Sent - Email sent w/App Incomplete Ltr, 1326 AFC 100
07/15/2022	Comment - email reply sent requesting documentation.
07/19/2022	Contact - Document Received - 1326 aRI-030, bcal 569, afc 100,-requested to have fingerprints added to BITS
07/25/2022	Comment - Request made to have fingerprints added to Bits.
07/25/2022	File Transferred to Field Office
07/26/2022	Application Incomplete Letter Sent
08/23/2022	Contact - Document Received - Received admission policy, budget, appointment of designated person, discharge policy, floor plans, refund policy, organization chart, program statement, proof of ownership, standard/routine procedures, staffing pattern and administrator and licensee designee resumes
09/05/2022	Contact - Document Received - Received proof of financial and administrative training and experience for administrator and LD, high school diploma equivalent for administrator, fire safety, nutrition, and prevention and containment of communicable diseases for administrator and LD, permission to inspect the property, and personnel policies for resident care prohibited practices, resident rights, and training requirements
09/26/2022	Inspection Completed-BCAL Sub. Compliance
09/26/2022	Inspection Completed On-site
09/27/2022	Contact - Document Received - Two videos demonstrating the deficiencies noted in the 9/26/22 confirming letter were completed
09/27/2022	Inspection Completed-BCAL Full Compliance – Virtual

A. Physical Description of Facility

Shalom Care is a two – story home with vinyl siding located in a subdivision in Delta Township near the intersection of Willow Road and Canal Street. The home consists of a basement, a main floor, and a second floor. The basement will not be for resident use. There are five bedrooms in total in the facility which consists of one bedroom on the main level of the home which will be designated for staff members' use and four bedrooms designated for resident use on the second level of the home. The facility further consists of a living room, dining room, kitchen, and game room on the main level of the home. There is one half bathroom on the main level of the home and an area designated for a washer and dryer which are accessible to residents who have goals related to doing their own laundry. There is a garage attached to the main level of the home. There are two means of egress on the main floor of the home: one leading to the front yard and the other leading to the back yard of the facility. There are no wheelchair ramps, and the home is not wheelchair accessible and cannot accommodate full time wheelchair users. On the second floor of the home there are two full bathrooms, one of which is attached to bedroom #4. The other upstairs bathroom is centrally located between bedrooms 1, 2, and 3. It should be noted that any potential resident with a physical disability or behavior that could involve falling and/or jumping should not be placed in this home. This is because all residents with impaired mobility must have bedrooms of the street level of the home and because the hallway leading to the resident bedrooms on the second floor of the home has only a half railing to prevent someone from falling/jumping from the second floor to the main floor. The home utilizes a public water and sewage system.

The gas water heater and furnace are located in the basement. There is a 20-minute fire rated metal door with a self-closing device and positive latching hardware separating the basement from the rest of the home. I noted that the furnace was inspected and found to be in good working order on 5/24/22. I noted that the water heater was inspected and found to be in good working order on 6/8/22.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16' 0" X 12' 4"	197	Two
2	10' 8" X 10' 4"	110	One
3	13' 8" X 11' 8"	159	One
4	11' 8" X 10' 8"	124	One
5	11' 8" x 9' 4"	109	N/A Staff bedroom

The indoor living and dining areas measure a total of 320 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five male and/or female residents who are mentally ill or developmentally disabled. The licensee designee stated Shalom Care is committed to provide safe, supportive and structured residential care homes for people with developmental disabilities and/or mental illnesses where they can exercise their right to make choices, grow, and contribute to their community. The applicant stated staff strive to achieve measurable, observable, and demonstrable outcomes that affect each person's quality of life in positive ways. Applicant stated staff strive to deliver services promptly, according to each individual's need. The applicant stated Shalom Care will provide superior residential care for individuals with physical, cognitive, behavioral, and socio-economic challenges through competent, caring staff members trained in the most effective research based person-centered care plans. The applicant stated staff believe that all people deserve to be treated with courtesy, dignity, and respect. The key goals of the program are:

- Providing room and board in a clean and healthy living environment.
- Affirming the inherent worth of all residents, creating a sense of companionship, feelings of safety and security, and mutual transformation.
- Creating companionship is key to the basis of the staff members caregiving techniques: The applicant believes only when a client feels safe will they be able to be open to learning. True friendships are encouraged in which both client and staff enjoy mutual support, empathy, and opportunities to share. Tasks and activities are used as vehicles for engagement.
- Within a warm homely environment, the goal of caring support is to assist, observe, guide, direct and train residents so that they can acquire positive living skills needed as they progress into living independently.
- To create a home environment where clients can demonstrate their ability, learn new skills, participate in work and enjoy the rewards of their success.
- To provide an array of opportunities, so clients can experience meaningful independence and self-sufficiency.
- To work closely with clients and their parents/guardians to ensure that all clients in Shalom Care licensed home are provided with a platform where real opportunities can be realized.
- To embrace community integration, collaboration and effective utilization of resources that are at our disposal

The specific services provided will be individualized residential care to adults with developmental disabilities and/or mental illnesses to realize their long-term potential, fulfill their personal dreams and live more meaningful lives. Staff members will assist

with preparing meals, eating, and feeding. Staff members will assist with personal care tasks as needed such as toileting, bathing, dressing and grooming. Staff members will assist with transferring, ambulation, and mobility but cannot accept full time wheelchair users or residents with impaired mobility as there are no street level bedrooms available. Staff members will administer medications, complete laundry and housekeeping or assist and prompt residents to complete those tasks. Staff members will help residents with shopping and money management, attendance at medical appointments including transportation. Staff members will assist residents with socialization and relationship building, leisure choices, participation in community events, health care management, safety monitoring in the community and home and with helping residents access vocational opportunities. The licensee plans to admit residents who are moderate to high functioning developmentally disabled, non-violent, non-aggressive and medically manageable mentally ill adults. The applicant intends to accept referrals from Community Mental Health, private individuals, Tri-County Office on Aging and Michigan Department of Health and Human Services.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local shopping stores, restaurants, entertainment and exercise venues, as well as local park and walking trails. The facility is also located within close proximity to medical providers and specialty clinics if needed by residents. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, to residents.

C. Applicant and Administrator Qualifications

The applicant is Shalom Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 03/01/2022. 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 Shalom Care, L.L.C. have submitted documentation appointing Catherine Funches as licensee designee for this facility and Shingirai Mugadza as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health signed within the past 6 months and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative

rules. Based on statements from Ms. Funches and Mr. Mugadza along with written documentation she submitted I determined both the applicant and the administrator completed training in the topics of nutrition, first aid, CPR, safety and fire prevention, resident rights and the prevention and containment of communicable diseases. Ms. Funches and Mr. Mugadza provided written documentation that they have experience in adult foster care as defined in the act, financial and administrative management, and knowledge of the needs of the population to be served. Ms. Funches and Mr. Mugadza submitted written documentation to prove that each one graduated from high school and furthered their education. According to her verbal statement and written resume Ms. Funches has worked on two other licensed adult foster care home doing direct care in a leadership capacity. Ms. Funches has direct experience with managing and scheduling appointments and outings, ordering and administering medication, assisting residents with personal care and following residents' written care plans. Ms. Funches also worked as an accountant for approximately 15 years. According to his verbal statement and written resume Mr. Mugadza has worked as a lead caregiver at another licensed adult foster care home where he cared for six clients with different behavioral patterns, groomed and bathed residents, prepared meals, assisted Residents with daily living activities, documented residents' behavior and reported abnormalities any new symptom, played games and activities with residents, administered medication, managed resident funds, planed and prepared meals, followed care plan and ensure safety practices and was a companion for residents.

The staffing pattern for the original license of this five (5) bed facility is adequate and includes a minimum of one staff for five (5) residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 the 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 the 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 adult foster care home.

The applicant acknowledged the 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 the 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 acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 not be admitted to this facility as there are no resident bedrooms 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.

I. RECOMMENDATION

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



10/07/2022

Leslie Herrguth
Licensing Consultant

Date

Approved By:



10/07/2022

Dawn N. Timm
Area Manager

Date