



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 28, 2022

Brittany Mcneil and Roland Awolope
6892 Annandale Drive
Kalamazoo, MI 49009

RE: Application #: AS390413934
Delight's AFC
6425 Trotwood Street
Portage, MI 49024

Dear Ms. Mcneil and Mr. Awolope:

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 and specialized certification 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 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 #: AS390413934

Licensee Name: Brittany Mcneil and Roland Awolope

Licensee Address: 6892 Annandale Drive
Kalamazoo, MI 49009

Licensee Telephone #: (616) 477-6637

Administrator: Brittany Mcneil
Roland Awolope

Name of Facility: Delight's AFC

Facility Address: 6425 Trotwood Street
Portage, MI 49024

Facility Telephone #: (269) 873-4532

Application Date: 08/24/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

08/24/2022	On-Line Enrollment
08/25/2022	Contact - Document Sent emailed Incomplete App ltr, 1326, AFC-100 and RI-030
09/12/2022	Contact - Document Received 1326, AFC-100, & RI-030, request made to have prints entered
09/27/2022	Comment sent request to have fingerprints uploaded
09/30/2022	File Transferred To Field Office
10/04/2022	Application Incomplete Letter Sent
10/18/2022	Contact - Document Received Received layout, facility ownership info, training, degree verification, budget, and program statement.
11/04/2022	Inspection Completed On-site
11/04/2022	Inspection Completed-BCAL Sub. Compliance
11/04/2022	Confirming Letter Sent Regarding the onsite inspection
11/04/2022	Contact - Document Sent Sent via email specialized certification application
11/14/2022	Contact - Document Received Resumes for both Ms. McNeil and Mr. Awolope, policies, procedures, admission, and program statement, staffing ratio, layout of facility.
11/22/2022	Contact - Document Received Received via email Ms. McNeil's training verification, smoke detection/electrical inspection, updated floor plan.
12/01/2022	Inspection Completed On-site Confirmed all issues from last onsite were corrected.
12/01/2022	Inspection Completed-BCAL Full Compliance
12/07/2022	Contact – Document Received Ms. Mcneil's complete training verification.
12/26/2022	Contact – Document Received

Picture of fire door.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home in a residential neighborhood just a couple minute drive from I-94 highway and an approximate five-minute drive to the local mall, shopping centers, department and grocery stores, and restaurants. The facility is also only two blocks away from a public pool. Due to the home's location, it utilizes a public water and septic system. The facility is not wheelchair accessible.

The facility has a traditional floor plan. The main level of the home opens to a foyer, which is connected to a large living room. The living room is a "step down" living room; however, the step is less than 8 inches and therefore, doesn't require a handrail, but there is a banister between the foyer and living room for assistance. Beyond the foyer is the kitchen and to the right of the kitchen is the dining room, which also connects to the living room. The dining room to the living room is also one step down. To the left of the kitchen is another living space. This living space is also a step down; however, there is a handrail attached to the wall for assistance. This living space has a fireplace; however, the licensee provided a statement the fireplace would not be utilized for primary or supplemental heating purposes. Off this living space is a sliding door to a three-season porch and fenced in backyard. The fence is an approximate four-foot chain link fence that is not locking against egress.

From the second living space is a short hallway where the laundry room is located, a bedroom, a half bathroom with a toilet and sink, the door to the garage, and the door to basement stairs. The bedroom on the main level of the home will not be utilized for residents at the time of licensure due to the main level bathroom not having a bathing facility. It is the intention of the licensee to remodel the laundry and bathroom to incorporate a bathing facility. The licensee has acknowledged he will contact the Bureau when remodeling is completed so an addendum to the original licensing study report can be completed to reflect the changes.

The basement has one partially finished room at the bottom of the stairs and plenty of room for storage. There is no means of egress in the basement, so this space will not be utilized by residents. The gas furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour fire resistance rating with 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 licensee created floor separation by installing a fire door at the top of the basement stairs, which is also equipped with a 1-3/4 inch solid core door 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. There are three smoke detectors in the basement, one in the laundry room, both living spaces, kitchen, upstairs hallway and in all the bedrooms.

The stairs to the second level are in the foyer. The second level consists of three resident bedrooms, a full bathroom with a toilet, sink, and tub with shower, and a fourth resident bedroom with an en-suite bathroom. The bathroom in the fourth resident bedroom consists of a stand-up shower and toilet in a separate room while the sink is separate from the toilet and shower. This bathroom will only be utilized by the residents residing in this bedroom.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'5" x 10'5"	108 sq ft	1
2	10'4" x 13'6"	139 sq ft	1
3	13'6" x 12'10"	173 sq ft	1 or 2
4	16'1" x 14'6"	233 sq ft	1 or 2

The living, dining, and sitting room areas measure a total of **632** 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's *Assessment Plans for AFC Residents* and individual plans of service. 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, mentally impaired, aged, and/or physically handicapped, 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 community mental health agencies, local Department of Health and Human Services, Senior Care Partner programs and/or 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 transportation for program and medical needs as specified in the Resident Care Agreement. The facility will make provisions 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 for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A criminal history check was conducted and determined the applicants are of good moral character and eligible for employment in a licensed adult foster care facility. The applicants, Roland Awolope and Brittany Mcneil, submitted statements from a physician documenting their good health and current negative TB test results.

The applicants/administrators, Roland Awolope and Brittany Mcneil, have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Awolope has been the licensee and administrator of his other adult foster care facility since January 2020 where he has also worked as a direct care staff providing medication, assisting with daily living skills, meal prepping, bathing, and taking residents on outings and participating in activities. Mr. Awolope has worked with residents who are developmentally disabled, mentally ill, physically handicapped, and aged. In addition, Mr. Awolope has taken several college classes at a local community college focusing on the health sciences.

Ms. Mcneil graduated with her master's degree in Social Worker in April 2020. She has worked with older youth and young adults in group homes, been a crisis intervention worker and community resource advisor and has worked for the last two years as a clinical social worker for an adult foster care facility. She has also worked in a direct care staff capacity with various populations.

The staffing pattern for the original license of this 6-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 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 independently and/or 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 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 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.

