



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 22, 2023

Ndeye Ndao  
10130 Roger St.  
Portage, MI 49002

RE: Application #: AF390411385  
**MI Tendercare Homes**  
**10130 Roger St.**  
**Portage, MI 49002**

Dear Ms. Ndao:

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 3 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**

<b>License #:</b>	AF390411385
<b>Applicant Name:</b>	Ndeye Ndao
<b>Applicant Address:</b>	10130 Roger St. Portage, MI 49002
<b>Applicant Telephone #:</b>	(269) 266-2129
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	MI Tendercare Homes
<b>Facility Address:</b>	10130 Roger St. Portage, MI 49002
<b>Facility Telephone #:</b>	(269) 529-0061
<b>Application Date:</b>	01/03/2022
<b>Capacity:</b>	3
<b>Program Type:</b>	AGED

## II. METHODOLOGY

01/03/2022	Enrollment
01/12/2022	Inspection Report Requested - Health 1032297
01/12/2022	PSOR on Address Completed
01/12/2022	Application Incomplete Letter Sent AFC 100 for Responsible Person
01/27/2022	Contact - Document Received AFC 100 for Responsible Person
02/03/2022	File Transferred To Field Office Lansing via SharePoint
02/04/2022	Application Incomplete Letter Sent Sent application incomplete letter to secretary, A. Harris, requesting she print and mail.
02/23/2022	Inspection Completed-Env. Health : D
03/29/2022	Contact - Document Sent Sent letter via email regarding EH report - D rating.
04/12/2022	Contact - Document Received Received phone call and email from licensee stating she did not want to close enrollment and had questions. Requested a call back.
04/12/2022	Contact - Document Sent Emailed licensee back indicating what days she could contact me.
04/14/2022	Contact - Document Sent Resent app incomplete letter and sent family home worksheet to licensee via email at her request as she hadn't received the last app incomplete ltr
04/14/2022	Contact - Telephone call received Discussed EH report with licensee. Requested she contact me when she decides what to do regarding either new well or connecting to city water.
09/22/2022	Contact - Document Sent Email to licensee requesting documentation that she connected to city water.

09/26/2022	Contact - Document Received Received email from licensee designee with invoice from Alamo Dirt Works indicating water hook up to city. LD also forwarded email confirming payment to City of Portage. LD indicated she was still working on physical plant items before requesting an onsite for inspection. She will contact me when she's ready.
12/13/2022	Contact - Document Received Smoke detector inspection and confirmation of alarm system
12/14/2022	Application Complete/On-site Needed
12/14/2022	Inspection Completed On-site
12/14/2022	Inspection Completed-BCAL Sub. Compliance
12/14/2022	Inspection Completed-Env. Health : A Licensee connected water line to city. Consultant conducted EH inspection.
12/20/2022	Confirming Letter Sent
12/20/2023	Contact – Document Sent Sent confirming letter to licensee via email
01/06/2023	Contact - Document Received Received medical statement and TB for licensee
01/10/2023	Contact - Document Received Received CAP from onsite inspection.
02/16/2023	Contact - Document Received Responsible person medical and TB test results
02/16/2023	Contact - Document Received BCHS 100 form for responsible person
02/21/2023	Contact - Document Received Received evacuation directions, emergency preparedness for fire, severe weather plan, emergency numbers, heating and cooling inspection, electrical inspection, bank statements, tentative budget, and CAP compliance documentation from original onsite inspection.
02/22/2023	Contact - Document Sent

	Email to licensee advising the handrail on the front porch is still open.
03/16/2023	Contact - Document Received Email confirmation handrail had been put on the front porch of facility.
03/13/2023	Inspection Completed-BCAL Full Compliance
03/13/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is ranch style with a finished basement located within an established neighborhood of Portage, Michigan. The home is easily accessible to major highways as it is located within 15 minutes of I-94 highway and within 5 minutes to 131 highway. It is also within 10 minutes to the local mall, shops, dog park, stores, paved walking trails, restaurants, and a multitude of lakes. Due to the location of the facility, it utilizes public water and sewage systems.

The home has two separate front entrances with one entrance opening into a breezeway/mudroom that accesses the garage, the door to the basement, and the main areas of the home, which is accessible up a few steps. The other front entrance opens into the facility's living room. The breezeway accesses the facility's dining room, kitchen and living room. Through the kitchen is a short hallway where there are three resident bedrooms and a bathroom. This bathroom has a shower/tub combination, sink and toilet. The dining room has another means of egress to the facility's back yard, which is enclosed with a non-locking against egress privacy fence. There is also a 14' x 22' attached deck off the dining room. Currently, the facility is not wheelchair accessible.

The basement will solely be used by the licensee, unless residents are utilizing the laundry facilities. There is also a door from the basement leading directly to the facility's backyard onto a wooden patio.

The facility's gas water heater and furnace are located in the facility's basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware installed at the top of the basement stairs located within the breezeway/mud room. The laundry facilities are also located in the basement.

The facility is equipped with a Wireless/Bluetooth interconnected smoke detection system with battery backup, which was installed by a licensed electrician and is fully operational. There were six smoke detectors installed in the facility with one in each

bedroom, one in the hallway, which is near the kitchen, and one in the basement. The smoke detector located in the basement is hardwired into the electrical system. 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	9'11" x 9'2"	90 sq ft	1
2	10'8" x 11'5"	121 sq ft	1
3	12'11" x 8'10"	114 sq ft	1

The living, dining, and sitting room areas measure a total of 292 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 three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. The applicant intends to accept private pay residents and residents from local senior service agencies 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 3-bed family home, there is adequate supervision with 1 responsible person on-site for 3 residents. The applicant acknowledges the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges 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](http://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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteers, if applicable.

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 the documents 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.



**D. Rules or 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 family home with a capacity of three residents.



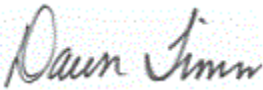
03/13/2023

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



03/22/2023

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Dawn N. Timm  
Area Manager

Date