



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 26, 2023

Angelique Mugabekazi
5251 Marvie Dr
Saranac, MI 48881

RE: Application #: AF340416892
Kazi Adult Foster Care Home
5251 Marvie Dr
Saranac, MI 48881

Dear Angelique Mugabekazi:

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 4 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,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF340416892
Licensee Name:	Angelique Mugabekazi
Licensee Address:	5251 Marvie Dr Saranac, MI 48881
Licensee Telephone #:	(616) 304-2862
Administrator/Licensee Designee:	N/A
Name of Facility:	Kazi Adult Foster Care Home
Facility Address:	5251 Marvie Dr Saranac, MI 48881
Facility Telephone #:	(616) 630-4286
Application Date:	06/26/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/26/2023	On-Line Enrollment
07/03/2023	Comment Emailed license to clarify type of facility as their home address doesn't match that of the facility.
07/03/2023	Application Incomplete Letter Sent App incomplete ltr sent requesting facility type clarification.
07/05/2023	Comment -Licensee confirmed that she wants a family home, advised her of the need to have an address change
07/06/2023	Contact - Document Received Address changed.
07/10/2023	PSOR on Address Completed
07/11/2023	Contact - Document -Received Proof of ownership.
07/14/2023	Application Incomplete Letter Sent Letter sent to Angelique Mugabekazi
07/21/2023	Contact - Document Received -TB, trainings, responsible person
08/25/2023	Contact - Document Received Evacuation plan and written emergency plan.
08/31/2023	Contact - Document Received Medical clearance.
09/14/2023	Inspection Completed-BCAL Sub. Compliance Met with Angelique Mugabekazi
09/21/2023	Inspection Completed-BCAL Sub. Compliance Met with Angelique Mugabekazi
10/03/2023	SC-Application Received - Original
10/06/2023	Inspection report requested – Health – Sent EHI request to Ionia County Health Department.
10/19/2023	Inspection completed – Environmental Health- A rating
10/19/2023	Inspection Completed-BCAL Full Compliance - Virtual / sent picture of railings and video of furnace door closing on 10/4/2023 and EHI now completed.
10/20/2023	Recommend license Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kazi Adult Foster Care Home is a newly built large rural three bedroom bi-level home on a secluded lot located on a private drive in a subdivision called Mernado Woods in Saranac, Michigan. The adult foster care (AFC) family home is located in Boston Township which is halfway between Lowell and Ionia where there are restaurants, gas stations, library, and churches available to residents. The main level of the home has one bedroom which will be utilized by the licensee, large living room, dining room, kitchen, and a shared full bathroom. The lower level or downstairs of the bi-level home has two shared resident bedrooms along with a resident full bathroom, another dining room, and large living room. Attached to the home is a two car garage. The home is surrounded by trees creating a peaceful environment. Since the home is a bi-level home, there are stairs separating the levels. Consequently, this AFC family home will not be able to provide care to residents who require the use of a wheelchair as an assistive device. Residents living at this facility must be able to navigate stairs safely as the entrances, exits, and separate levels of the AFC family home all have stairs. There is also a laundry room and furnace room in the lower level. The home uses private water and private septic system which were both inspected by the Ionia County Health Department on October 17, 2023, and found to be in substantial compliance with applicable environmental health rules. The facility has ample parking for staff and visitors. Residents will have access to the whole home with the exception of the licensee's master bedroom. Ms. Mugabekazi reported there will always be a responsible person (direct care staff member) in the home to care for the residents twenty-four hours a day, seven days a week, however there will not be an awake staff at night.

The facility has a propane water heater and furnace located in the lower level laundry room. The water heater and the furnace were both inspected by a licensed inspector and are in good working condition. The furnace and hot water heater are located in the laundry room which is a 1-3/4 inch solid core door that is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Ms. Mugabekazi has placed fire extinguishers on each level in the home. Ms. Mugabekazi has smoke detectors between the sleeping areas and the rest of the home, on each occupied floor, and in the furnace room located on the lower level.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 7" X 11' 1"	154	2
2	12' 6" X 11' 11 1/2 "	144	2

The living, dining, and sitting room areas measure a total of 948 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. Ms. Mugabekazi understands the license capacity cannot be exceeded.

B. Physical Description

Ms. Mugabekazi intends to provide 24-hour supervision, protection, and personal care to four (4) male or female ambulatory residents whose diagnosis is aged, developmentally disabled, mentally ill, or who have a traumatic brain injury. The program will include social interaction with family, friends, and people of the community, continued support to assist residents in maintaining personal hygiene and activities of daily living, provide independent living skills, and opportunity for involvement in day programs. Ms. Mugabekazi will not provide transportation but will assist residents in securing transportation when a need arises.

Ms. Mugabekazi intends to accept residents from Ionia County DHHS, The Right Door, Community Mental Health contracts, Adult Protective Services (APS), or private pay individuals as a referral source. If required, behavioral management 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, designated representative and/or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, community groups, local museums, restaurants, 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

Criminal history background checks of Ms. Mugabekazi and responsible person Marie Krussell were completed and each was determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Mugabekazi have 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. Ms. Mugabekazi acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category type of adult foster care licensure. The supervision of residents in this family home licensed for four (4) 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 in an emergency situation for up to 72 hours.

Ms. Mugabekazi has indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 responsible person on-site for 4 residents. Ms. Mugabekazi acknowledges that 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. Ms. Mugabekazi acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Mugabekazi acknowledged an understanding of the responsibility to assess the good moral character and suitability of employees/responsible persons 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.

Ms. Mugabekazi acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. Mugabekazi 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.

Ms. Mugabekazi 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. Ms. Mugabekazi 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.

Ms. Mugabekazi 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. Ms. Mugabekazi 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. Ms. Mugabekazi 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 required to be maintained within each resident’s file.

Ms. Mugabekazi acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Mugabekazi 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 licensee.

