



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 26, 2023

Roland Awolope
3916 Oakland Drive
Kalamazoo, MI 49008

RE: Application #: AS390417369
Care From The Heart AFC
2209 Romence Rd
Portage, MI 49024

Dear 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 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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390417369
Licensee Name:	Roland Awolope
Licensee Address:	3916 Oakland Drive Kalamazoo, MI 49008
Licensee Telephone #:	(269) 873-4532
Licensee:	Roland Awolope
Administrator	Roland Awolope
Name of Facility:	Care From The Heart AFC
Facility Address:	2209 Romence Rd Portage, MI 49024
Facility Telephone #:	(269) 873-4532
Application Date:	08/08/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/08/2023	On-Line Enrollment
08/09/2023	PSOR on Address Completed
08/09/2023	File Transferred To Field Office
08/14/2023	Application Incomplete Letter Sent
09/28/2023	Contact-Document Received. -Medical Clearance, Deed Warranty, Floor Plan, Credit Report, Proposed Budget, Organization Chart
10/06/2023	Application Incomplete Letter Sent
10/09/2023	Contact-Document Received. -Program Statement, Admission/Discharge Policy, Staffing Pattern, Job Description.
10/10/2023	Contact-Document Received. -Policy and Procedure, Medication Management.
10/18/2023	Inspection Completed On-site.
10/18/2023	SC Application Received-Original.
10/18/2023	SC-Inspection Completed On-site.
10/18/2023	SC-Inspection Full Compliance.
10/18/2023	Inspection Completed-BCHS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story, ranch home located in the City of Portage. This facility is approximately 6 miles from Bronson Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of the home. Staff and visitor parking is located near the front entry of the home on a paved driveway.

On the main floor is one full bathroom, four resident bedrooms, a large great room, dining area, and kitchen. All four resident bedrooms are single, private resident bedrooms. One means of egress is located at the front door of the home, and another means of egress is accessible from the dining room on the west side of the home. The

basement level of this facility has four resident bedrooms, one full bathroom, one living room and one great room. A 1 3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the kitchen, creating floor separation. All four resident bedrooms are single private resident bedrooms. One means of egress on the basement level is a walkout entrance located on the south wall of this home. The second means of egress for this basement level is the stairwell that leads from the basement to the kitchen of this facility. This facility is not wheelchair accessible. The home utilizes the public water supply and sewage disposal system.

The gas furnace and water heater are in the basement which is accessible through the kitchen. The furnace was inspected on 10/16/2023 and is fully operational. A 1 3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater accessible from the main hallway in the basement, creating floor separation.

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. 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' X 10'8"	106	1
2	10'10" X 11'5"	123	1
3	11'3" X 15'	168	1
4	11'8" X 13'5"	156	1
5	10'9" X 12'7"	135	1
6	10'8" X 10'4"	110	1
7	7'11" X 10'8"	84	1

The living, dining, and sitting room areas measure a total of 988 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 applicant is of good moral character and eligible for employment in a licensed adult foster care facility. The applicant, Roland Awolope, submitted statements from a physician documenting his good health and current negative TB test results.

Roland Awolope has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Roland Awolope has been the licensee and administrator of his other adult foster care facilities 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.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six 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 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 indicated resident medication will be stored in a locked cabinet and 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 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 resident 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 only reside 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and special certification to this adult foster care small group home with a capacity of six residents.

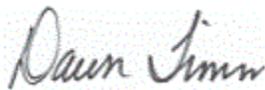


10/23/2023

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/26/2023

Dawn N. Timm
Area Manager

Date