



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 15, 2024

Etsegenet Teffera and Muse Berhe
4499 Bowline Ct
Lansing, MI 48911

RE: Application #: AS330417936
Senay AFC
4901 Tressa Dr
Lansing, MI 48910

Dear Etsegenet Teffera and Muse Berhe:

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 cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330417936
Licensee Name:	Muse Berhe
Licensee Address:	4499 Bowline Ct Lansing, MI 48911
Licensee Telephone #:	(517) 977-7671
Licensee:	Muse Berhe
Administrator:	Muse Berhe
Name of Facility:	Senay AFC
Facility Address:	4901 Tressa Dr Lansing, MI 48910
Facility Telephone #:	(517) 342-4876
Application Date:	10/07/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/07/2023	On-Line Enrollment
10/11/2023	PSOR on Address Completed
11/06/2023	Contact - Document Received 1326/RI 030 forms for Etsegenet Teffera & Muse Berhe (referred to C Coburn for review)
11/07/2023	File Transferred To Field Office- Lansing via SharePoint
11/17/2023	Application Incomplete Letter Sent- Application incomplete letter emailed to licensees.
12/26/2023	Contact - Document Received- Supporting documentation received via email. Documents reviewed.
12/26/2023	Application Incomplete Letter Sent- Follow up Application Incomplete letter sent to licensees via email.
02/05/2024	Contact - Document Sent Review of documents submitted via email by Etsegenet Teffera. Email correspondence regarding additional required documents and updates required for existing documents.
02/29/2024	Application Complete/On-site Needed
02/29/2024	Inspection Completed-BCAL Sub. Compliance
03/14/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story, ranch style home, located near the Old Everett Neighborhood in the City of Lansing. The home is near several parks, including the Woldumar Nature Center and Potter Park Zoo. The home is owned by the applicant, Muse Berhe. The home is located near the end of a quiet, dead-end street off from Jolly Rd. The home has four resident bedrooms, all on the main level. Two double occupancy bedrooms and two single occupancy bedrooms. The home has one bathroom on the main level for resident use. This bathroom is a full bathroom with a bathtub/shower combination. The home does have another full bathroom located off from one of the double occupancy resident bedrooms but the owners will be keeping this bathroom closed to resident use at this time with a locked door. The kitchen is immediately inside the main entrance of the home, which leads into the dining room. The dining room leads

into a large living room area. There are three means of egress leading directly to the outside. One from the kitchen, leading to the front porch, one from the dining room leading to a small deck in the backyard, and another in the living room leading to a small staircase in the backyard. This home is not wheelchair accessible as the means of egress and the bathroom are not barrier free at this time. The home utilizes public water and sewer services. The home is air conditioned. It is not equipped with a generator for power outage emergencies.

The natural gas furnace and water heater are located in the basement which has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The home had smoke detectors available in sleeping areas and common areas. The home had a fire extinguisher located on the main level and in the basement. The washer and dryer are currently kept in the basement. The basement is not equipped with two means of egress and shall not be used routinely for resident activities.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1 x 13'5	175.54sqft.	2
2	16'10 x 11'4	190.77sqft.	2
3	13'1 x 10'4	135.19sqft.	1
4	10 x 9'6	95sqft.	1
Living Room	18'11 x 15'2	286.9sqft.	N/A
Dining Room	11'1 x 14'4	158.86sqft.	N/A

The living, dining, and sitting room areas measure a total of 445.76 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

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, or aged 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 Tri County Office on Aging, CEI-CMH, and 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 arrange for transportation for program and medical needs. The facility will make provision 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.

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 and income from the applicant's outside employment. The applicant is employed as a registered nurse at Sparrow Hospital.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee/administrator, Muse Berhe. Mr. Berhe submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Berhe has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He has shown through his work being employed as a registered nurse, that he has achieved at least one year of direct care experience working with the aged, developmentally disabled, and mentally impaired populations. He has worked for local hospitals and nursing care facilities in a direct care capacity.

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 that direct care staff will be awake during sleeping hours.

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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee, 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 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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




03/14/2024

Jana Lipps
Licensing Consultant

Date

Approved By:



03/15/2024

Dawn N. Timm
Area Manager

Date