



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2024

Regina Mugo
Ideal Treasure Care AFC LLC
6710 Evergreen St
Portage, MI 49024

RE: Application #: AS390418179
Mt Vernon AFC
5536 Mt Vernon
Portage, MI 49024

Dear Regina Mugo:

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 for the developmentally disabled and mentally ill populations, with a maximum capacity of 6 are 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 #:	AS390418179
Applicant Name:	Ideal Treasure Care AFC LLC
Applicant Address:	6710 Evergreen St Portage, MI 49024
Applicant Telephone #:	(269) 461-5515
Administrator:	Regina Mugo
Licensee Designee:	Regina Mugo
Name of Facility:	Mt Vernon AFC
Facility Address:	5536 Mt Vernon Portage, MI 49024
Facility Telephone #:	(269) 270-3017
Application Date:	01/04/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/04/2024	Enrollment
01/17/2024	Application Incomplete Letter Sent - requested who will be LD and AFC100
01/17/2024	PSOR on Address Completed
01/17/2024	Contact - Document Sent - forms sent
02/06/2024	Contact - Document Received - 1326/RI030
02/12/2024	Contact - Document Sent - sent email to Ms. Mugo requesting correct fingerprints
03/12/2024	File Transferred To Field Office
03/14/2024	Application Incomplete Letter Sent - Sent via email to licensee designee.
03/20/2024	Contact - Document Received - Received the following: LD education and training verification, lease, disaster/emergency doc, emergency plans, admission/discharge/refund policy, org chart, proposed staffing, job descriptions, medical/TB for LD, house inspection, projected budget, personnel policies, proof of ownership, LD resume, floor plan, smoke and fire extinguisher installation
03/26/2024	Inspection Completed-BCAL Sub. Compliance
03/28/2024	Contact - Document Received - Received updated org chart, floor plans, medical/tb for licensee designee/administrator, and heating/electrical inspection.
04/05/2024	Contact - Document Received - Received permission to inspect signed by homeowner, furnace, and smoke detectors inspection.
04/05/2024	Inspection Completed On-site
04/05/2024	Inspection Completed-Env. Health : A - Completed by consultant during original inspection.
04/05/2024	Inspection Completed-BCAL Sub. Compliance
04/05/2024	Contact - Document Sent - Sent confirming letter via email.
04/09/2024	SC-Application Received – Original

04/10/2024 Inspection Completed-BCAL Full Compliance
04/10/2024 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a finished walkout basement on a dead-end street located on over an acre parcel in Portage, Michigan. The facility is a five minute drive to the local mall, big box and convenience stores, churches, gas stations, and restaurants. It is just over a mile to I-94 highway and approximately 2.5 miles to the I-94/131 highway interchange. Due to the facility's location, it utilizes both the public water supply and sewage disposal system. The facility is owned by Bedan Mukundi with proof of ownership on file, as well as permission to inspect. Additionally, on file is the lease between Bedan Mukundi and Regina Mugo. The facility is not wheelchair accessible.

The facility has an attached two car garage on the right side of the home, which is accessible from the facility's living room. The facility's main level is an open concept that consists of a living room, dining room, and kitchen. Immediately upon walking into the home are a set of stairs that lead to the facility's finished walkout basement. The facility's second means of egress is off the dining room, which leads to an approximate 8' x 15'10" deck. The deck has a set of stairs leading to the facility's large and spacious back yard. The backyard is fenced in with the fence being non locking against egress. There is a hallway off the dining room where a bathroom and three resident bedrooms are located. The bathroom consists of a sink, toilet, and tub/shower combo. The bathroom has both a mechanical fan and a window.

The facility's finished walkout basement consists of a small living space with a kitchenette. The kitchenette has a sink and small refrigerator. Near the bottom of the stairs is the facility's electric washer and dryer located behind a set of bifold doors. To the right of the stairs is the facility's furnace room and a bathroom. The bathroom consists of a stand-up shower, sink and toilet. The bathroom has no window, but there is a mechanical fan for forced ventilation. The walkout for the facility is located within the living space of the basement, which opens to a small patio and the facility's backyard. The distance from the walkout to the furthest bedroom (#4) is 13'7". There aren't any nonresident bedrooms within the facility.

The facility's gas water heater and furnace are located in the basement. The furnace was inspected on 03/28/2024 and determined to be in good working condition and functioning properly. The licensee created floor separation by installing a fire door at the bottom of the stairs, which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Due to residents residing in the basement, the furnace and water heater are also enclosed 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. Fire extinguishers are located on the main level of the facility and at the bottom of the stairs in the basement.

The facility is equipped with one hardwired smoke detector and the remaining smoke detectors are interconnected using First Alert smoke detectors. The First Alert smoke detectors are battery powered with wireless interconnect with voice alerts. Smoke detectors are in each resident bedroom, at the end of the hallway on the main floor, in the living/dining area on the main level, in the living space in the basement and in the furnace room. The smoke detection system was inspected on 04/02/2024 and determined to be in good working condition, fully functioning, and interconnected. Additionally, the electrical system was inspected on 12/21/2023 and determined to be in good condition and functioning properly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'10" x 12'6"	147 sq ft	1 or 2
2	9'11" x 11'11"	118 sq ft	1
3	9'3" x 10'2"	94 sq ft	1
4	10'8" x 13'11"	148 sq ft	1
5	10'4" x 10'5"	107 sq ft	1

The indoor living and dining areas measure a total of 437 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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 6 male and/or female residents who are mentally ill and/or developmentally disabled. 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 their *Assessment Plans for AFC Residents* and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment.

The program will include social interaction skills, personal hygiene, personal adjustment skills, independent living skills, opportunities for involvement in educational or day programs/employment, transportation, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan. If required, behavioral management programs will be identified in the

assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, 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 local libraries, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Responsible Person Qualifications

The applicant is Ideal Treasure Care AFC LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/24/2022. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The sole member of Ideal Treasure Care AFC LLC is Regina Mugo who is identified as both the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed for Regina Mugo, who is both the licensee designee and administrator, and no LEIN convictions were identified. Regina Mugo also submitted a medical clearance request and chest x-ray, dated 12/14/2023 and 12/18/2023, respectively, from her physicians documenting her good health and negative TB results.

Regina Mugo provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as both the licensee designee and administrator. Regina Mugo has worked approximately five years for several different adult foster care facilities in Kalamazoo as both a manager and direct care staff where she provided companionship, passed medications, prepared meals, transported for medical appointments, and assisted residents with their needs, which included mobility, hygiene, personal care, and supervision. Additionally, Regina Mugo operated her own family home adult foster care facility since 2022. She has worked extensively with local Community Mental Health agencies in providing care and implementing care plans to residents with mental illness and developmental disabilities. She has also completed all her required trainings through Integrated Services of Kalamazoo.

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 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 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 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 of 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 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.

The applicant acknowledges 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 the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of six (6) residents.

Cathy Cushman

04/08/2024

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

04/11/2024

Dawn N. Timm
Area Manager

Date