



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 9, 2024

Adventure USA Consultancy, LLC  
814 W. Ionia St  
Lansing, MI 48915

RE: Application #: AS330418099  
**Lenox Hill Living**  
**814 W Ionia St**  
**Lansing, MI 48915**

Dear Rebecca Nyinawabeza:

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 five 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**

<b>License #:</b>	AS330418099
<b>Licensee Name:</b>	Adventure USA Consultancy, LLC
<b>Licensee Address:</b>	814 W. Ionia St Lansing, MI 48915
<b>Licensee Telephone #:</b>	(574) 326-7334
<b>Licensee Designee:</b>	Rebecca Nyinawabeza
<b>Administrator:</b>	Rebecca Nyinawabeza
<b>Name of Facility:</b>	Lenox Hill Living
<b>Facility Address:</b>	814 W Ionia St Lansing, MI 48915
<b>Facility Telephone #:</b>	(574) 326-7334
<b>Application Date:</b>	12/07/2023
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/07/2023	On-Line Enrollment
12/12/2023	Contact - Document Sent- forms sent to email
12/12/2023	PSOR on Address Completed
12/26/2023	Contact - Document Received- 1326 for Rebecaa and AFC100 for Elia.
12/26/2023	File Transferred To Field Office
01/12/2024	Application Incomplete Letter Sent- Emailed to licensee, Rebecca Nyinawabeza.
04/09/2024	Contact - Document Received- Supporting documents received via email from licensee, Rebecca Nyinawabeza.
04/16/2024	Contact - Document Sent- Supporting documents reviewed and email correspondence sent to licensee, Rebecca Nyinawabeza, requesting additional documentation.
04/16/2024	Application Incomplete Letter Sent- Application incomplete letter emailed to licensee, Rebecca Nyinawabeza.
04/25/2024	Application Complete/On-site Needed
04/25/2024	Inspection Completed On-site
04/25/2024	Inspection Completed-BCAL Sub. Compliance
05/06/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a two-story home located in the City of Lansing near local parks and community centers. The home is located in a quiet neighborhood near the State Capitol building. The home has a fenced-in backyard on three sides with the open side leading to the driveway. The home has a total of 5 bedrooms, but only four of these bedrooms will be utilized as resident rooms. On the first floor there are two single capacity resident bedrooms. On the second floor there is one double occupancy resident bedroom, one single occupancy resident bedroom, and one bedroom that will not be licensed for resident use, due to insufficient square footage in this bedroom. Instead, this bedroom will serve as a direct care staff bedroom. The home has two full bathrooms. One bathroom is located on the first floor and is equipped with a tub/shower combination for

resident personal care. The second bathroom is located on the second floor and has a claw foot tub/shower combination for resident personal care use. Both bathrooms are equipped with windows that open for ventilation purposes. On the main level of the home there a living room which walks into a large dining room, and at the back of the home is a kitchen. The home is not barrier free and therefore is not wheelchair accessible. There are no wheelchair ramps on the home at either of the approved exits. The bathrooms are also not barrier free for resident personal care. A resident requiring mobility assistance should not reside at this home. The home has two approved means of egress with positive latching non locking against egress hardware installed on these exits. The home is serviced by Board of Water & Light for public water and public sewer services.

The natural gas furnace and hot water heater are located in the basement with 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 furnace and water heater were last inspected by Northwinds Heating & Cooling, Inc. on 2/8/24 and were determined to be in good working order. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home is air conditioned. It does not have a generator in place for emergency power outages.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1A	8ft x 9'9ft + 2'3ft x3'6ft	85.86sqft (the usable square footage of this bedroom includes measurements from the built-in dresser unit.	1
1B	10'5ft x 9'1ft	94.62sqft	1
2A	10'2ft x 12'11ft	131.32sqft	2
2C	11'6ft x 10'5ft	119.8sqft	1
Living Room	10'10ft x 11'11ft	129sqft	
Dining Room	12'7ft x 13'11ft	175.12	

The living, dining, and sitting room areas measure a total of 304.12sqft 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 **five (5)** 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 **five (5)** male or female ambulatory adults whose diagnosis is mental illness or developmentally disabled, 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 CEI-CMH, or private pay individuals as a referral source.

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 all 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 is Adventure USA Consultancy, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 12/14/22. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The members of Adventure USA Consultancy, LLC have submitted documentation appointing Rebecca Nyinawabeza as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nyinawabeza. Ms. Nyinawabeza submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Nyinawabeza has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nyinawabeza has a Doctor of Medicine degree from Michigan State University. She is continuing her medical career training in the field of Psychiatry at Michigan State University Psychiatry residency program in Lansing, MI. She is also a Licensed Practical Nurse in the State of Michigan and has experience working with mentally ill and developmentally disabled populations through this occupation. She has worked for several nursing homes and rehabilitation centers for more than one year providing care to these residents.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff –to- 5 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 may not sleeping during sleeping hours if the resident assessment plans have been reviewed and it is determined that the current residents are capable of this level of supervision. All residents will be provided a call button device to alert a sleeping staff member of their needs. The sleeping direct care staff member will still round the facility every two to three hours to ensure resident safety. Direct care staff will not be sleeping during sleeping hours if a residents assessment plan indicates the need for increased supervision 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](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 and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, 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, 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.

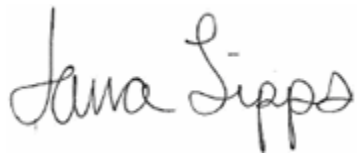
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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 five residents.



5/7/24

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Jana Lipps  
Licensing Consultant

Date

Approved By:



05/09/2024

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Dawn N. Timm  
Area Manager

Date