



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2024

Fidelis Kamuntu
Goretti Health LLC
4303 Linden Dr
Midland, MI 48640

RE: Application #: AS560418012
Avah House
2620 Walden Woods Ct
Midland, MI 48640

Dear Fidelis Kamuntu:

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. If 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 "Rodney Gill".

Rodney Gill, 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 #:	AS560418012
Licensee Name:	Goretti Health LLC
Licensee Address:	4303 Linden Dr Midland, MI 48640
Licensee Telephone #:	(989) 400-5367
Licensee Designee:	Fidelis Kamuntu
Administrator:	Fidelis Kamuntu
Name of Facility:	Avah House
Facility Address:	2620 Walden Woods Ct Midland, MI 48640
Facility Telephone #:	(989) 400-5367
Application Date:	11/01/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/01/2023	On-Line Enrollment
11/01/2023	Contact - Document Sent Forms sent.
11/01/2023	PSOR on Address Completed
11/01/2023	SC-Application Received - Original
12/27/2023	Contact - Document Received 1326/RI030
01/04/2024	Contact - Document Sent Emailed Licensee for receipt on FPs per Candace
01/04/2024	Contact - Telephone call received. Spoke to Fidelis regarding prints.
01/30/2024	File Transferred to Field Office
01/31/2024	Application Incomplete Letter Sent
03/15/2024	Contact - Document Received Supportive Documentation received from LD Fidelis Kamuntu.
03/18/2024	Contact - Telephone call made, and email sent to LD Fidelis Kamuntu providing consultation and technical assistance regarding this enrollment.
03/18/2024	Contact - Document Sent Emailed Ashley Harris from the licensing unit requesting she add LD Fidelis Kamuntu as the administrator for this facility.
03/19/2024	Contact - Document Received- I received an email from licensee designee Fidelis Kamuntu with the remainder of documentation required to license this facility.
03/20/2024	Contact - Document Sent- I emailed licensee designee Fidelis Kamuntu and asked if we could conduct the onsite Original inspection on 03/28/2024 at around 10:30 a.m
03/20/2024	Application Complete/On-site Needed

03/28/2024	Inspection Completed On-site
04/10/2024	Inspection Completed-BCAL Full Compliance
04/10/2024	SC-ORR Response Received-Approval
04/10/2024	SC-Recommend MI and DD
04/10/2024	SC-Certification issued MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Avah House is peacefully set in a quiet upscale neighborhood within the city of Midland, MI. The home is spacious modern Tudor style and has a mostly brick façade with wood accents. The home is owned by licensee designee Fidelis Kamuntu. The home consists of three levels with a cathedral/vaulted ceiling in the living room. The facility has four bedrooms, three full, and two half bathrooms. There is a master bedroom on the main level with attached full bathroom, walk in closet, and three additional bedrooms located on the second level. The home has an attached three car garage and a full partially finished basement not accessible to residents. The main floor further consists of living, dining, laundry room, lavatory, and kitchen. There are two principal means of egress on the main level one leading out the front and the other out the back of the home. A third means of egress would be through the attached garage.

The home utilizes a public water and sewage system and at the time of inspection was in full compliance with applicable environmental health rules during the onsite inspection.

There are no wheelchair ramps to assist with egress and both exits are not at grade, so the home is not wheelchair accessible and therefore cannot accommodate full time wheelchair users. The applicant does not plan to admit residents who use a wheelchair or walker to ambulate.

There is a fire extinguisher located on each floor of the home. The home is constructed of standard building material. The home's gas-fired hot water heater and gas-fired furnace are in the basement. The applicant installed a new door separating the main level and basement made of 1 3/4 -inch solid core wood, hung in a fully stopped wood frame, and equipped with an automatic self-closing device and positive-latching hardware providing required to create floor separation per licensing rules. The hot water heater and furnace were both inspected on 02/22/2024 and found to be in good working order.

Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment. The facility has an interconnected smoke detector system powered from the building's electrical system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'3" x 14'6"	238 square feet	2
2	11'6" x 13'2"	153 square feet	1
3	14'1" x 11'1"	157 square feet	2
4	14'3" x 10'11"	145 square feet	1
Living Room	19'11" x 16'0"	306 square feet	
Dining Room	14'10" x 12'7"	170 square feet	

Given the bedroom sizes and one to two residents per room, the facility's bedroom space exceeds the required 80 square feet allowed for a single occupancy, and 65 square feet of usable floor space per bed allowed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 476 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six 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 six male residents who are developmentally disabled and/or diagnosed with mental illness. The applicant indicated Avah House is committed to providing safe, supportive, and structured residential care for individuals who are developmentally disabled and/or diagnosed with mental illness where they can exercise their right to make choices, grow, and contribute to their community.

The applicant stated direct care staff members (DCSMs) will strive to achieve measurable, observable, and demonstrable outcomes that affect each resident's quality of life in positive ways. The applicant stated DCSMs will strive to deliver services promptly and according to each resident's individual needs. The applicant stated Avah House will provide superior residential care for individuals with developmental disabilities and mental illness by hiring competent and caring DCSMs and training them to provide the most effective research based person-centered care. The applicant stated DCSMs working at Avah House will believe that all people deserve to be treated with courtesy, dignity, and respect.

The key goals of their program are: • Providing room and board in a clean and healthy living environment. • Affirming the inherent worth of all residents, creating a sense of

companionship, feelings of safety and security, and mutual transformation. • Creating companionship is key to the basis of the DCSMs caregiving techniques.

The applicant believes only when a resident feels safe will they be able to be open to learning. True friendships are encouraged in which both residents and DCSMs enjoy mutual support, empathy, and opportunities to share. Per the applicant's program statement the following apply:

- Tasks and activities are used as vehicles for engagement.
- Within a warm home-based environment, the goal of caring support is to assist, observe, guide, direct and train residents so that they can acquire positive living skills needed as they progress into living independently.
- To create a home-based environment where residents can demonstrate their ability, learn new skills, participate in work, and enjoy the rewards of their success.
- To provide an array of opportunities, so residents can experience meaningful independence and self-sufficiency.
- To work closely with residents and their families/designated representatives/guardians to ensure that all residents living at Avah House are provided with a platform where real opportunities can be realized.
- To embrace community integration, collaboration and effective utilization of resources that are at their disposal.

The specific services provided will be individualized residential care to residents with developmental disabilities and mental illness to realize their long-term potential, fulfill their personal dreams and live more meaningful lives.

DCSMs will assist with preparing meals, eating, and feeding. DCSMs will assist with personal care tasks as needed such as toileting, bathing, dressing, and grooming.

DCSMs will assist with transferring, ambulation, and mobility but cannot accept full time wheelchair users or residents with impaired mobility as there are no wheelchair ramps, and the home is not wheelchair accessible.

DCSMs will administer medications, complete laundry and housekeeping or assist and prompt residents to complete these tasks. DCSMs will help residents with shopping and money management, attendance at medical appointments including transportation.

DCSMs will assist residents with socialization and relationship building, leisure choices, participation in community events, health care management, safety monitoring in the community and home, and with helping residents access vocational opportunities.

The applicant plans to admit residents who are developmentally disabled and/or suffer from mental illness. The applicant intends to accept referrals from Community Mental Health for Central Michigan (CMHCM) and has a current contract with CMHCM.

If needed by residents, behavior interventions and specialized interventions will be identified in the resident's *Assessment Plan for AFC Residents*. The interventions shall be implemented only by DCSMs trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local shopping centers, restaurants, entertainment, and exercise venues, as well as local parks and walking trails. The facility is also located within proximity to medical providers and specialty clinics if needed by residents. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, to residents.

C. Applicant and Administrator Qualifications

The applicant is Gorette Health LLC. 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 applicant has submitted a statement assigning Fidelis Kamuntu as both the licensee designee and administrator of the facility. A criminal history background checks were completed, and Mr. Kamuntu was determined to be of good moral character to provide licensed adult foster care.

Fidelis Kamuntu submitted a statement from a physician documenting his good health signed within the past 6 months and current negative tuberculosis test result. Mr. Kamuntu provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Fidelis Kamuntu provided certificates of completion for all required training and the following completed training topics: Elder Abuse: Awareness, Education Key to Prevention, Recognizing and Managing Dementia, Choking Your Biggest First-Aid Fear, Bridging the Gap: Developing Cultural Competence is Crucial, Privacy & Confidentiality: Defining Terms, Explaining HIPAA, Dealing with Depression, Preventing Falls: Tips that You Need to Know, Personal Care, and Other Daily Activity Advice, Know Your Meds: Common Side Effects, Interactions, and other Advice for Caregivers, Coping with Crisis Effectively, Recognizing and Managing Diabetes, Promoting Independence...and Dealing with Parkinson's, Basic Life Support (BLS), Data Privacy/HIPAA, Mandated Reporting an Maltreatment, Annual Fraud Statement Acknowledgement, Rights, Medication Administration, Core and Function – Specific for Managers, Sexual Violence, Bloodborne Pathogens / Universal Precautions, Mental Health Crisis Response, and De-escalation Techniques, Suicide Intervention.

Fidelis Kamuntu provided written documentation that he has experience in adult foster care as defined in the act, financial and administrative management, and knowledge of the needs of the population to be served.

Fidelis Kamuntu submitted written documentation to prove he graduated from high school and furthered his education. Fidelis Kamuntu has his Doctor of Pharmacy degree and is a licensed pharmacist in the state of Michigan. Fidelis Kamuntu currently owns and operates Goretti AFC / AS560404325. Goretti AFC is currently in compliance with all applicable rules and statutes. Based on Fidelis Kamuntu working in the AFC home with residents diagnosed with developmental disabilities and/or mental illness, Fidelis Kamuntu has four years of experience with these population groups.

The staffing pattern provided for this six-bed facility is adequate and includes a minimum of one direct care staff member (DCSM) for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has indicated DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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 for all 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 DCSMs that have received medication administration training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each DCSM or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for the licensee or licensee designee, administrator, DCSM, and 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 for AFC Residents*, *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 the 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 with these requirements. The applicant acknowledged 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 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 those 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 not be admitted to this facility as there are no wheelchair ramps, and the home is not wheelchair accessible and cannot accommodate full time wheelchair users.

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 temporary license to this AFC adult small group home with a capacity of six residents.



4/25/2024

Rodney Gill
Licensing Consultant

Date

Approved By:



04/30/2024

Dawn N. Timm
Area Manager

Date