



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2024

Angelique Mugabekazi
5251 Marvie Dr
Saranac, MI 48881

RE: License #: AF340416892
Kazi Adult Foster Care Home
5251 Marvie Dr
Saranac, MI 48881

Dear Mr./Ms. Mugabekazi:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

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

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

I. IDENTIFYING INFORMATION

License #:	AF340416892
Licensee Name:	Angelique Mugabekazi
Licensee Address:	5251 Marvie Dr Saranac, MI 48881
Licensee Telephone #:	(616) 304-2862
Licensee/Licensee Designee:	N/A
Administrator:	Angelique Mugabekazi
Name of Facility:	Kazi Adult Foster Care Home
Facility Address:	5251 Marvie Dr Saranac, MI 48881
Facility Telephone #:	(616) 304-2862
Original Issuance Date:	10/26/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/10/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 10/19/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

At the time of inspection, it was determined that the *Assessment Plan for AFC Residents* was completed 30 days after Resident A was admitted to Kazi Adult Foster Home and the plan was completed 11 days after Resident B was admitted to the AFC.

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

At the time of inspection, it was determined that the *Resident Care Agreement* form was completed 30 days after Resident A was admitted to Kazi Adult Foster Home and the agreement was completed 11 days after Resident B was admitted to the AFC.

R 400.1418 Resident medications.

(5) Prescription medication shall be kept in the original pharmacy supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

At the time of inspection, it was found that the refrigerated prescribed medication for Resident A was not locked or labeled within the home fridge.

R 400.1422 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number.

(iii) Home address.

(iv) Name, address, and telephone number of the next of kin or designated representative.

(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

At the time of inspection, *AFC-Resident Information and Identification Record* forms were reviewed for Resident A and B. Resident A's form was missing her social security number, name, address, and telephone number of the next of kin or designated representative and name, address, and telephone number of person or agency responsible for the resident's placement in the home. Resident B's form was missing his social security number and name, address, and telephone number of person or agency responsible for the resident's placement in the home.

R 400.1422

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(b) Date of admission.

At the time of inspection, *AFC-Resident Information and Identification Record* forms were reviewed for Resident A and B and both were missing the date of admission.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/15/2024

Amanda Blasius
Licensing Consultant

Date