



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

Esther Mwankenja
Norman AFC LLC
904 Bakers St
Lansing, MI 48910

RE: Application #: AS330418017
Norman AFC
904 Baker Street
Lansing, MI 48910

Dear Ms. Mwankenja:

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 5 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 #:	AS330418017
Licensee Name:	Norman AFC LLC
Licensee Address:	904 Bakers St Lansing, MI 48910
Licensee Telephone #:	(517) 885-0716
Licensee Designee:	Esther Mwankenja
Administrator:	Esther Mwankenja
Name of Facility:	Norman AFC
Facility Address:	904 Baker Street Lansing, MI 48910
Facility Telephone #:	(517) 908-3425
Application Date:	11/03/2023
Capacity:	5
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

11/03/2023	On-Line Enrollment
11/06/2023	PSOR on Address Completed
11/06/2023	Contact - Document Sent- forms sent
11/15/2023	Contact - Document Sent- emailed requesting TCN and completed 1326
11/20/2023	Contact - Document Received- received RI030 with TCN. Requested the 1326A again.
11/28/2023	File Transferred To Field Office
12/05/2023	Application Incomplete Letter Sent Application Incomplete Letter emailed to licensee.
03/18/2024	Contact - Document Received Reviewed documents received via email from licensee designee, Esther Mwankenja.
03/18/2024	Application Incomplete Letter Sent Emailed to licensee designee, Esther Mwankenja upon completion of document review. Additional items still required.
04/17/2024	Contact - Document Sent reviewed updated program statement and evacuation plan, resent application incomplete letter to licensee designee, Esther Mwankenja, requesting additional documents.
04/22/2024	Contact - Document Received- Documents received via email from licensee designee, Esther Mwankenja.
04/23/2024	Contact - Document Sent- Reviewed documents received via email. Replied to licensee designee, Esther Mwankenja, requesting updated Personnel Policy, Staffing Pattern document, and proof of electrical inspection.
04/25/2024	Contact - Document Received- Requested documents received via email from licensee designee, Esther Mwankenja.
04/29/2024	Contact - Document Sent- Documents received via email reviewed. Email correspondence sent to licensee designee, Esther Mwankenja, requesting proof of electrical inspection prior to scheduling on-site inspection.
05/22/2024	Application Complete/On-site Needed

05/22/2024	Inspection Completed On-site
05/22/2024	Inspection Completed-BCAL Sub. Compliance
06/04/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 904 Baker St. Lansing, MI 48910, is five-bedroom, 2-bathroom two story structure. The home is located in the City of Lansing near two neighboring parks and a short distance from the Potter Park Zoo. The home has one resident bedroom on the main level, which is located near the front entrance. The front entrance walks into the living room, which is connected to the dining room and the kitchen and main floor bathroom are located on the backside of the home. The second level has four bedrooms and one full bathroom. There is a third level, which is a finished space and may accommodate a live in direct care staff member, but this space will not be licensed for resident use as it is above the second story of the home. Each resident bedroom is being licensed for one resident per bedroom. The home has a basement, which includes the furnace, water heater, and laundry facilities. The basement does not have two separate means of egress, one of which leading directly to the outside and shall not be used for regular resident activities. The home is air conditioned via central air conditioning unit. The home does not have a generator for emergency power outages. The home is not barrier free, as there is a front porch and a back porch that do not have a wheelchair ramp installed for resident use. The home does not have provisions for handicap accessible bathing facilities; therefore, the applicant shall not admit a resident who requires the use of a wheelchair for mobility purposes. The home has two approved means of egress from the main floor that are both equipped with positive-latching non-locking against egress hardware. The resident bedrooms and bathrooms are all equipped with positive-latching non-locking against egress hardware. The home utilizes public water and sewer services.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with positive latching hardware located at top of the stairs. 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 applicant had a recent furnace, water heater, and electrical inspection conducted at the home and all were issued approval prior to license issuance.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6 x 9'7	91sqft	1
2	10'9 x 8'2	87.8sqft	1
3	9 x 10'10	97.5sqft	1
4	10'8 x 8'8	92.5sqft	1
5	9'6 x 10'9	102sqft	1
Living Room	12'2 x 13'5	163sqft	N/A
Dining Room	11'5 x 10'1	115sqft	N/A

The living, dining, and sitting room areas measure a total of 278.4 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 aged or mentally impaired, 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 Clinton Eaton Ingham County 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 for 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 Norman AFC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 11/7/23. 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 Norman AFC, L.L.C. have submitted documentation appointing Esther Mwankenja as Licensee Designee and the Administrator of the facility.

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

Ms. Mwankenja has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Mwankenja has demonstrated experience working with the aged and mentally ill population types by submitting a current resume. She has experience operating another currently licensed adult foster care facility since 2/17/21, where she has cared for residents who are aged or mentally ill.

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. Ms. Mwankenja 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. Ms. Mwankenja has indicated that direct care staff will not be awake during sleeping hours. She has noted that the home will be equipped with call buttons for resident use to alert sleeping direct care staff to resident needs. She also identified that direct care staff will be required to round every two to three hours during sleeping hours.

Ms. Mwankenja 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 Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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. Ms. Mwankenja 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. Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

Ms. Mwankenja 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.

IV. RECOMMENDATION

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




6/5/24

Jana Lipps
Licensing Consultant

Date

Approved By:



06/11/2024

Dawn N. Timm
Area Manager

Date