



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2024

Rose Ogolla
Precious Care Assisted Living, LLC
720 W. Walnut Street
Kalamazoo, MI 49007

RE: Application #: AS140418428
Gods-Grace Assisted Living
610 Orchard St.
Dowagiac, MI 49047

Dear Ms. Ogolla:

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. 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 "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure



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

I. IDENTIFYING INFORMATION

License #: AS140418428

Licensee Name: Precious Care Assisted Living, LLC

Licensee Address: 720 W. Walnut Street
Kalamazoo, MI 49007

Licensee Telephone #: (269) 414-8013

Administrator/Licensee Designee: Rose Ogolla, Designee

Name of Facility: Gods-Grace Assisted Living

Facility Address: 610 Orchard St.
Dowagiac, MI 49047

Facility Telephone #: (269) 414-8013

Application Date: 04/24/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED



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II. METHODOLOGY

| | |
|------------|--|
| 04/24/2024 | On-Line Enrollment |
| 04/26/2024 | PSOR on Address Completed |
| 04/26/2024 | Contact - Document Sent forms sent |
| 05/01/2024 | Contact - Document Received |
| 05/03/2024 | File Transferred To Field Office |
| 05/13/2024 | Application Incomplete Letter Sent |
| 06/10/2024 | Application Incomplete Letter Sent |
| 07/23/2024 | Contact - Document Received Document received for original |
| 08/09/2024 | Inspection Completed-BCAL Sub. Compliance |
| 08/20/2024 | Contact - Document Received Received pictures of corrections made from on-site inspection |
| 08/28/2024 | Contact - Document Received Received special certification application |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gods Grace Assisted Living is a ranch style home located in a residential subdivision in the city of Dowagiac, MI. The home is owned by Precious Care Assisted Living L.L.C. On file is proof of ownership. There are four single occupancy bedrooms, one double occupancy bedroom and two full bathrooms located on the main floor. Also located on the main floor is a living room, kitchen, dining room and a smaller sitting room. The home is not wheelchair accessible however there are three approved means of egress located on the main floor. The facility utilizes public water and sewage systems.

The gas furnace and 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 the bottom of the stairs. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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' 5" X 22'11" | 261.63 | 2 |
| 2 | 9'0" X 11'5" | 102.75 | 1 |
| 3 | 10'5" X 8'0" | 83.33 | 1 |
| 4 | 11'0" X 8'0" | 88.0 | 1 |
| 5 | 11'5" X 11'1" | 126.53 | 1 |

The living, dining, and sitting room areas measure a total of 525.13 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 **six (6)** 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired. 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, and public safety skills. The applicant intends to enter into contracts with various Woodlands Behavioral Healthcare Network.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs.

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.

C. Applicant and Administrator Qualifications

The applicant is Precious Care Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 3/1/2017. 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 Precious Care Assisted Living, L.L.C. have submitted documentation appointing Rose Ogolla as Licensee Designee for this facility and Rose Ogolla as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator, Rose Ogolla. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Ogolla provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ogolla holds a Bachelor’s degree in Business Administration Management from Western Michigan University and is the current licensee designee and or administrator for six adult foster care homes owned and operated by Precious Care Assisted Living L.L.C.

The staffing pattern for the original license of these 6 (six) beds facility is adequate and includes a minimum of (1) staff –to- (6) residents per shift. Ms. Ogolla 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. Ogolla has indicated that direct care staff will be awake during sleeping hours. Ms. Ogolla also indicated that the basement level of the home will be occupied by two live in staff members who will provide direct care to the residents. Ms. Ogolla is aware that one of the staff members will be awake at all times.

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, 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 residents’ 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.

II. 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).

Nile Khabeiry, LMSW

9/4/24

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

9/4/24

Russell B. Misiak
Area Manager

Date