



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 20, 2024

Justine Mukamusoni
IWACU INTERNATIONAL CORP
3500 S Cedar St Suite
Lansing, MI 48910

RE: Application #: AS330418444
Just AFC Home
1416 N MLK Blvd
Lansing, MI 48915

Dear Ms. Mukamusoni:

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,

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330418444
Applicant Name:	IWACU INTERNATIONAL CORP
Applicant Address:	3500 S Cedar St Suite Lansing, MI 48910
Applicant Telephone #:	(517) 402-1891
Licensee Designee:	Justine Mukamusoni
Administrator:	Justine Mukamusoni
Name of Facility:	Just AFC Home
Facility Address:	1416 N MLK Blvd Lansing, MI 48915
Facility Telephone #:	(517) 402-1891
Application Date:	04/24/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/24/2024	Enrollment
05/01/2024	Application Incomplete Letter Sent Requested 1326/RI030 AFC100, IRS Letter
05/01/2024	PSOR on Address Completed
05/01/2024	Contact - Document Sent -forms sent
05/30/2024	Contact - Document Received IRS letter, 1326, AFC100
05/31/2024	File Transferred To Field Office
06/05/2024	Contact - Telephone call made to Justine Mukamusoni
06/05/2024	Application Incomplete Letter Sent to Justine Mukamusoni
06/28/2024	Contact - Document Sent - Emailed to see if Justine Mukamusoni had any questions regarding incomplete application letter.
07/31/2024	Contact - Telephone call made to Justine Mukamusoni.
08/15/2024	Contact - Document Received - discharge and refund policy, budget, job descriptions, record clearance, organizational chart, personnel policies, program statement, staffing pattern, routine procedures
08/20/2024	Contact - Telephone call made to Justine Mukamusoni
08/23/2024	Contact - Document Sent - Email to Justine Mukamusoni with feedback from forms she sent and a list of missing items.
09/13/2024	Contact - Document Received - Admission policy
10/15/2024	Contact - Document Received - Water heater and furnace inspections from within the last year
10/16/2024	Contact - Document Received -board of directors listing, designated person, evacuation plans, floor plans, resume, permission to inspect
10/23/2024	Contact - Document Received Inspection of interconnected smoke alarms

10/25/2024	Inspection Completed On-site Met with Justine Mukamusoni and JC Abayisenga at Just AFC Home
10/25/2024	Inspection Completed-BCAL Sub. Compliance
10/25/2024	Application Incomplete Letter Sent - Sent confirming letter with violations found
10/25/2024	Special Certification Application received – Mental Illness and Developmental Disabilities
11/14/2024	Inspection Completed-BCAL Sub. Compliance
11/15/2024	Contact – Video received showing new door at the top of staircase and phone call from JC Abayisenga.
11/15/2024	Inspection completed – BCAL Full compliance - Virtual – Video and picture showed door at the top of the stairs was fixed.
11/19/2024	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Just AFC is a two-story home with vinyl siding located on a .26-acre lot in the City of Lansing. Just AFC has 2030 square feet and was built in 1953. The main floor of the home also includes a dining room, kitchen, and a living room area in addition to a bedroom and bathroom. The upstairs includes a small sitting area along with four bedrooms and two bathrooms. One of the shared upstairs bedrooms has their own bathroom attached. Just AFC also has a large unfinished basement which will not be accessible to the residents and will be used for laundry and storage.

The facility is not wheelchair accessible due to the facility having stairs on the inside and both entrances have stairs to enter the facility without wheelchair ramps to assist with ease of entrance. The facility utilizes a public water supply and sewage disposal system.

Just AFC has a natural gas water heater and furnace which are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace and water heater has been inspected and they were both found in good operating order at this time.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame or heat-producing equipment, to include fire extinguishers on all levels of the facility. This consultant determined the home to be in compliance with applicable fire safety rules

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'1 X 17'5	175.62	2
2	10'1 X 12'4	124.36	1
3	7'10 X 12'6	97.92	1
4	8'1 X 11'2	90.26	1
5	13'5 X 12'7	168.83	2

The living, dining, and sitting room areas measure a total of 404 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 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 Ingham and Eaton County DHHS, Community Mental Health Central Michigan, 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 provide 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, Michigan State University, libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Iwacu International Corp, Inc., which is a “For Profit Corporation” established in Michigan, on 11/18/2019. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant’s credit report and the budget statement submitted to operate the adult foster care facility.

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 Board of Directors of Iwacu International Corp, Inc. have submitted documentation appointing Justine Mukamusoni as Licensee Designee and Administrator for this facility.

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

Ms. Mukamusoni have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Mukamusoni meets all of the AFC training requirements including many years of experience providing care for individuals who are aged and/or diagnosed with developmental disabilities and/or mental illness and has over four years of experience providing patient care. Ms. Mukamusoni is also a Certified Nursing Assistant since 2014.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. Ms. Mukamusoni 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. Mukamusoni has indicated that direct care staff will be awake during sleeping hours.

Ms. Mukamusoni 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.

Ms. Mukamusoni 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.

Ms. Mukamusoni 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. Mukamusoni 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. Mukamusoni 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, Ms. Mukamusoni 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. Mukamusoni 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. Mukamusoni 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.

Ms. Mukamusoni 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. Mukamusoni acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Mukamusoni 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.

Ms. Mukamusoni acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Mukamusoni indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Mukamusoni 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. Ms. Mukamusoni 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. Mukamusoni 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.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plan 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 six-month temporary license and special certification for this adult foster care small group home with a maximum capacity of six (6) residents.



Jennifer Browning
Licensing Consultant

11/20/2024

Date

Approved By:



11/20/2024

Dawn N. Timm
Area Manager

Date