



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Joanita Mutebi
MTB Homes, LLC
15093 Oak Knoll Ct
Sterling Heights, MI 48312

RE: Application #: AS630418549
MTB Homes-Waldon
6210 Waldon Rd
Clarkston, MI 48349

Dear Ms. Mutebi:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-514-9391
Fax: 517-763-0204

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418549
Applicant Name:	MTB Homes, LLC
Applicant Address:	6210 Waldon Rd Clarkston, MI 48346
Applicant Telephone #:	(248) 230-5850
Administrator/Licensee Designee:	Joanita Mutebi
Name of Facility:	MTB Homes-Waldon
Facility Address:	6210 Waldon Rd Clarkston, MI 48349
Facility Telephone #:	(248) 514-9391
Application Date:	05/20/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/20/2024	Enrollment
06/03/2024	PSOR on Address Completed
06/03/2024	Contact - Document Received MC, 1326 (No RI-030), AFC 100
06/03/2024	Application Incomplete Letter Sent FPS/RI030
06/03/2024	Inspection Report Requested - Health invoice No: 1034428
06/03/2024	Contact - Document Sent forms sent
06/17/2024	Contact - Document Received 1326/RI-030
06/25/2024	Inspection Completed-Env. Health: A
07/01/2024	Application Incomplete Letter Sent
07/16/2024	Contact - Document Sent Email exchange with applicant
07/20/2024	Contact - Document Received Application documents received via email
07/25/2024	Contact - Telephone call made Telephone call with applicant
08/11/2024	Contact - Document Sent Sent email. notifying of remaining application documents and revisions needed
08/29/2024	Inspection Completed On-site
10/30/2024	Contact - Document Received Follow-up application/physical plant updates received via email
11/03/2024	Contact - Document Received Additional follow-up application documents and physical plant updates received via email

11/21/2024	Contact - Document Received Additional application documents received via email
11/21/2024	Inspection Completed-BCAL Full Compliance Confirmation of physical plant updates completed via video and photos

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a *ranch*-style home located within the city of Clarkston, Michigan. The home consists of a main floor and basement level. The main level of the home contains five resident bedrooms, two full-size bathrooms, one half-bathroom, a living room, dining room and kitchen area. The basement level consists of the laundry room and furnace/hot water heater areas. Upon entering the home, there is a hallway to the left that leads to the kitchen, one full-size bathroom, one ½ bathroom and two resident bedrooms. To the right of the front entrance is a second hallway that leads to three resident bedrooms, and one full-size bathroom. Directly past the front entrance are the living room and dining room areas. The home is not wheelchair accessible. The home utilizes a private water supply and/or sewage disposal system, which was inspected by the Department of Health and Human Services - Environmental Health and successfully passed an inspection with an A-rating. The basement level will not be accessible to residents.

The home utilizes a gas furnace and gas hot water supply system. The furnace and hot water heater are located in the basement of the home and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational, have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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 x 13	143	1
2	11 x 10	110	1
3	10 x 10	100	1
4	11 x 20	220	2
5	16 x 10	160	1

Total capacity: 6

The indoor living and dining areas measure a total of 520 square feet of living space. This meets/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 and/or female residents who are mentally ill or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff 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 the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is MTB Homes, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 1/24/2204. 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 MTB Homes, L.L.C. have submitted documentation appointing Joanita Mutebi as licensee designee and administrator of the facility.

Criminal history background checks of Ms. Mutebi were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Mutebi submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Mutebi provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Mutebi has a Bachelor of Science Degree in Nursing and has been working in the healthcare field since 2014. Over the last 10 years, Ms. Mutebi has worked in both home settings and hospital settings, providing direct care to the mentally ill and developmentally disabled populations, including bathing, dressing, grooming, medication management, transfers and housekeeping.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Ms. Mutebi acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Mutebi has indicated that direct care staff will be awake during sleeping hours.

Ms. Mutebi acknowledged 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. Mutebi acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Mutebi acknowledged the requirement for obtaining criminal record checks of 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.

Ms. Mutebi acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Mutebi 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. Mutebi acknowledged the 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. Mutebi acknowledged the 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. Mutebi acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Mutebi acknowledged the 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. Mutebi acknowledged the 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. Mutebi acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Mutebi acknowledged 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. Mutebi 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. Ms. Mutebi indicated the intent to respect and safeguard these resident rights.

Ms. Mutebi 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.

Ms. Mutebi 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.

Ms. Mutebi acknowledged 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 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 six-month temporary license to this adult foster care group home with a capacity of six residents.

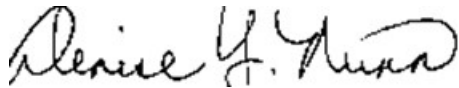


12/9/2024

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



12/16/2024

Denise Y. Nunn
Area Manager

Date