



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 28, 2025

Ambekia Agheneza  
Bates Homes LLC  
225 Bates Street  
Grand Ledge, MI 48837

RE: Application #: AS230418242  
**Bates Homes LLC**  
**225 Bates Street**  
**Grand Ledge, MI 48837**

Dear Mr. Agheneza:

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 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**

|                               |  |
|-------------------------------|--|
| <b>License #:</b>             | AS230418242                                      |
| <b>Applicant Name:</b>        | Bates Homes LLC                                  |
| <b>Applicant Address:</b>     | 225 Bates Street<br>Grand Ledge, MI 48837        |
| <b>Applicant Telephone #:</b> | (517) 505-0978                                   |
| <b>Licensee Designee:</b>     | Ambekia Agheneza                                 |
| <b>Administrator:</b>         | Ambekia Agheneza                                 |
| <b>Name of Facility:</b>      | Bates Homes LLC                                  |
| <b>Facility Address:</b>      | 225 Bates Street<br>Grand Ledge, MI 48837        |
| <b>Facility Telephone #:</b>  | (517) 731-1076                                   |
| <b>Application Date:</b>      | 02/05/2024                                       |
| <b>Capacity:</b>              | 6  |
| <b>Program Type:</b>          | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODOLOGY

|            |  |
|------------|--|
| 02/05/2024 | Enrollment   |
| 02/09/2024 | Application Incomplete Letter Sent   |
| 02/09/2024 | PSOR on Address Completed  |
| 02/09/2024 | Contact - Document Sent- forms sent  |
| 02/27/2024 | Contact - Document Received- 1326 and RI030  |
| 04/03/2024 | File Transferred To Field Office   |
| 04/05/2024 | Application Incomplete Letter Sent   |
| 05/29/2024 | Contact - Document Received- Requested documents received via email from licensee designee, Ambekia Agheneza.  |
| 06/06/2024 | Contact - Document Sent- Documents reviewed. Application incomplete letter sent to licensee designee, Ambekia Agheneza, requesting additional information.     |
| 06/15/2024 | Contact - Document Received  |
| 06/18/2024 | Application Incomplete Letter Sent- Documents reviewed. Updated Application incomplete letter sent to licensee designee, Ambekia Agheneza.                     |
| 06/24/2024 | Contact - Document Sent- Review of Personnel Policy completed. Email sent to applicant requesting updates to Personnel Policy and an updated resume.           |
| 07/29/2024 | Application Incomplete Letter Sent   |
| 11/01/2024 | Application Incomplete Letter Sent- Follow up email and application incomplete letter sent due to lack of communication received from applicant.               |
| 11/12/2024 | Contact - Document Received- Received furnace inspection, smoke detection inspection and email communication from applicant. Further documentation is pending. |
| 11/25/2024 | Application Incomplete Letter Sent- Updated application incomplete letter sent to applicant via email.   |
| 12/19/2024 | Contact - Document Sent- Personnel policy and resume received from applicant. Returned to applicant via email for updating. Awaiting response.                 |

|            |   |
|------------|---|
| 12/23/2024 | Contact - Document Received- Updated resume and personnel policy received and approved.   |
| 12/23/2024 | Contact - Document Sent- Requested updated Medical Clearance as the one provided is dated for May 2024. Also requested documentation of required trainings. |
| 01/02/2025 | Contact - Document Received- Updated Medical Clearance form received from applicant.  |
| 01/23/2025 | Inspection Completed- BCAL Full Compliance  |

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The home located at 225 Bates St. Grand Ledge, MI, is a bi-level home with four bedrooms and one full bathroom. The home is in a quiet neighborhood within the City of Grand Ledge, in Eaton County. There are steps leading to the front door of the home which enters into a foyer. There are steps that lead up to the main level and a separate staircase that leads down to the basement from the foyer area. All the resident bedrooms and the bathroom are located on the main level. There are three double occupancy resident bedrooms and one bedroom which has been designated as a direct care staff member room. The full bathroom has a bathtub/shower combination and has been equipped with nonskid surfacing and handrails for resident use. All bathrooms, bedrooms, and exit doors are equipped with positive latching non-locking against egress hardware. The dining room is just off from the kitchen in a large open area. The dining room leads to the living room, located on the backside of the home. The second emergency exit from the home is a door that is located just off from the living room. This exit leads to a large wooden deck which leads to a large backyard. There is a path from the deck around the northeast corner of the home which leads to the front of the building. There is a retaining wall located on the northwest side of the lawn, which is equipped with a handrail around all open sides to prevent someone from falling. The backyard is also equipped with a wooden playscape, a wooden bench swing, and a trampoline with a net enclosure. The stairs leading to the basement from the foyer terminate in a short hallway (5'11ft) at the base of the stairs. There are two fire doors, one located on either end of this hallway. Behind one fire door is where the furnace, hot water heater, washer & dryer are located. There is an additional exit door leading off the backside of this room that leads to the garage, which is at ground level. Behind the other fire door is a large multipurpose room that is currently unfinished. There is an emergency egress window for resident safety and evacuation needs in this room. This room will be utilized for resident activities once the ceiling and remaining drywall have been finished. There are two means of egress from this room with the egress window and the exit door located at the top of the basement staircase. The home is not barrier

free and cannot accept residents who require wheelchairs or other assistive devices, due to stairs leading to the main level of the home. Neither of the two exits are equipped with wheelchair ramps. The home utilizes the City of Grand Ledge public water and sewer system.

The natural 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 bottom 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. Records of furnace inspection were provided and the furnace and water heater were most recently inspected on 7/11/24. The smoke detection system was inspected by the Grand Ledge Area Fire Department on 7/8/24.

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

| Bedroom #                  | Room Dimensions | Total Square Footage | Total Resident Beds         |
|----------------------------|-----------------|----------------------|-----------------------------|
| 1                          | 13'6ft x 14'4ft | 193.5sqft.           | 2                           |
| 2                          | 13ft x 11'3ft   | 146.25sqft.          | 2                           |
| 3                          | 11'2ft x 13'5ft | 149.8sqft            | 2                           |
| 4                          | 10'2ft x 10'1ft | 102.5sqft            | 0 residents (staff bedroom) |
| Living Room                | 17'5ft x 13'7ft | 236.6sqft            | N/A                         |
| Dining Room                | 12'4ft x 8'5ft  | 103.8sqft            | N/A                         |
| Multipurpose Room/Basement | 13'8ft x 24'3ft | 331.4sqft            | N/A                         |

The living, dining, and sitting room areas measure a total of 671.8 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, aged, or mentally ill, 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 Community Mental Health, Tri County

Office on Aging, 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 Bates Homes, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 1/16/24. 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 Bates Homes, L.L.C. have submitted documentation appointing Ambekia Agheneza as Licensee Designee & Administrator for this facility.

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

Mr. Agheneza has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Agheneza has experience working in the capacity of a registered nurse in the State of Michigan since receiving his Bachelor of Science in Nursing degree in 2012 from Ferris State University. He has at least 12 years of experience providing patient care in burn units, surgical care settings, critical care settings, emergency departments, nursing homes, rehabilitation centers, and correctional facilities within the state. These experiences have afforded him the opportunity to work with the developmentally disabled, mentally ill, and aged populations.

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

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](http://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 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 or as needed.

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 resident’s 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.

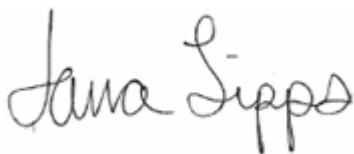
The applicant acknowledges that residents with mobility impairments may not reside in the facility due to stairs leading to the main level.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).



1/28/25

Jana Lipps  
Licensing Consultant

Date

Approved By:



01/28/2025

Dawn N. Timm  
Area Manager

Date