



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 2, 2025

Yvon Mukunzi
HEALING TOGETHER LLC
2019 Heather Lane
Kalamazoo, MI 49048

RE: Application #: AS390418636
HEALING TOGETHER LLC
2019 Heather Lane
Kalamazoo, MI 49048

Dear Yvon Mukunzi:

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 "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418636
Licensee Name:	HEALING TOGETHER LLC
Licensee Address:	2019 Heather Lane Kalamazoo, MI 49048
Licensee Telephone #:	(269) 615-3566
Licensee Designee:	Yvon Mukunzi
Administrator:	Yvon Mukunzi
Name of Facility:	HEALING TOGETHER LLC
Facility Address:	2019 Heather Lane Kalamazoo, MI 49048
Facility Telephone #:	(269) 266-9092
Application Date:	07/07/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

07/07/2024	On-Line Enrollment
07/08/2024	PSOR on Address Completed
07/08/2024	Contact - Document Sent - forms sent
07/15/2024	Contact - Document Received - EIN and 1326
07/16/2024	File Transferred To Field Office
07/17/2024	Application Incomplete Letter Sent - Sent ltr to licensee designee via email.
07/26/2024	Contact - Document Received - Received licensee designee resume.
07/29/2024	Contact - Document Sent - Email to LD regarding training.
08/01/2024	Contact - Document Received - Received the following: Deed, TB test, program statement, admission/discharge/refund policies, emergency preparedness plans, floor plan with evacuation plan, training including nutrition, CPR/first aid, fire safety and bloodborne pathogens, personnel policies, job descriptions, standard procedures, staffing patterns, org chart, and proposed monthly budget.
08/07/2024	Inspection Completed-BCAL Sub. Compliance - in review of licensing documentation
08/16/2024	Contact - Document Received - CPR/first aid training for LD
08/20/2024	Contact - Document Received - Received the following via email: Updated program statement, ltr authorizing inspections, letter of designation and resume for appointing person in absence of LD/Amin, updated personnel policy, updated job descriptions, standard procedures, updated emergency preparedness plans, evac plan/route, updated org chart.
09/05/2024	Inspection Completed On-site
09/05/2024	Inspection Completed-BCAL Sub. Compliance
09/09/2024	Contact - Document Sent - sent confirming letter from 09/05/2024 onsite inspection to LD via email
10/27/2024	Contact - Document Received - Class C ceiling tile verification.

11/03/2024	Contact - Document Received - natural wood confirmation
11/26/2024	Contact - Document Received - Received pictures of furniture in facility and repairs made.
12/02/2024	Contact - Document Sent - Sent email documenting handrail is needed on ramp in garage. Scheduled follow up inspection for 12/27.
12/27/2024	Application Complete/On-site Needed
12/27/2024	Inspection Completed On-site
12/27/2024	Inspection Completed-Env. Health : A - Due to public water/sewer, inspection was completed by BCHS staff.
12/27/2024	Confirming letter sent
12/27/2024	Contact – Document Received - Documentation all items in confirming letter were addressed.
12/27/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an expansive ranch with a basement on almost a half acre lot in Kalamazoo Township. The facility is approximately one mile to Borgess Hospital, approximately 3.5 miles to Bronson Hospital, and within a 5 minute drive to local shops, grocery and clothing stores, gas stations, fast food and restaurants. It is also only a 10 minute drive to I-94 highway or downtown Kalamazoo and an approximately 15 minute drive to Portage, Michigan where additional shops, grocery and retail stores, banks, and local attractions are located. Due to the facility's urban location, it utilizes public water and sewer.

The facility is wheelchair accessible as there are two approved means of egress equipped with ramps from the facility's first floor. The facility's front door has a threshold ramp, and the second ramp is located in the facility's garage with an exit door near the garage doors. The passageway through the garage itself will be kept clear, even if the garage is used for storage of automobiles, lawn equipment, etc.

Upon entering the facility, there are two resident bedrooms on the left (bedroom #4 and #3). The first resident bedroom (bedroom #4) has an en-suite bathroom. This bathroom

consists of a stand up shower, sink and toilet. There is a mechanical vent for ventilation. Due to the bathroom door not being wide enough, this bathroom is not wheelchair accessible. Across from these two bedrooms is a 12'9"x17' sized living room, a kitchen, and a small open area that transitions to the back of the facility. This kitchen will not be the facility's primary kitchen, but it still consists of a sink, dishwasher, refrigerator/freezer, stovetop and oven. Across from this kitchen and the small transitional room is a short hallway with a wheelchair accessible bathroom and another resident bedroom (bedroom #2). This bathroom consists of a wheelchair accessible shower, sink and toilet. Off the kitchen are the basement stairs and through the kitchen are two more living/sitting rooms, measuring 12'1" x 24'2" and 20'10" x 8'11", and access to the facility's garage and second wheelchair ramp.

The back of the facility consists of a 23'5" x 10'5" dining space connected to a dayroom, and the facility's primary kitchen, which consists of a sink, stove, oven, microwave and refrigerator. There is a recreation room off the dayroom, which accesses the facility's backyard. The laundry room, which has an electric washer and dryer, is also off the recreation room. From the dayroom is a hallway that has a medication room, a storage room, closets, and a bathroom which consists of a tub/shower combination, a sink and toilet. This bathroom, in addition to a window, also has a mechanical fan for ventilation. Also down this hallway is resident bedroom #1. Resident bedroom #1 has an ensuite bathroom consisting of a tub/shower combination, two sinks and a toilet. In this room is a door leading to the facility's laundry room; however, this door will remain locked.

There are two fireplaces within the facility, one in the living room and the other in the basement; however, the licensee designee submitted a signed statement documenting neither fireplace will be utilized for primary nor supplemental heat.

The facility's backyard is fenced in, albeit non-locking against egress, and consists of a concrete patio, a large play set and a shed.

The gas furnace and hot water heater are located in the facility's basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. On 08/22/2024, a licensed mechanical contractor inspected the facility's furnace and hot water heater and determined both were functioning properly and in good working condition.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was inspected by a licensed electrician on 08/02/2024 and determined to be interconnected and functioning properly. Smoke detectors are located in the facility's basement, all common living and dining areas, in each resident bedroom, and in the facility's hallways.

On 08/02/2024, a licensed electrician inspected the facility's electrical system and determined the system was functioning properly and in good condition.

It should be noted, residents will not utilize the facility's finished basement; however, it consists of a large open space, two rooms, and a smaller room/area beneath the basement stairs whereas the furnace and hot water heater are located. The only means of egress out of the basement is via the stairs. The basement may be utilized by staff and for storage. There are ceiling tiles and natural wood attached to studs in the basement; however, the licensee designee provided documentation confirming the materials are fire rated and are the appropriate thickness to be attached directly to the studs.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2" x 17'8"	214 sq ft	2 (en-suite bathroom)
2	9'11" x 10'11"	108 sq ft	1
3	14'7" x 10'	145 sq ft	2
4	12'4" x 12'5"	153 sq ft	1 (en-suite bathroom)

The living, dining, and sitting room areas measure a total of 936 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 or non-ambulatory adults whose diagnosis is aged, developmentally disabled, and/or physically handicapped in the least restrictive environment possible.

The facility's program will include activities relating to dressing, bathing, toileting, passing medication, interacting with staff and other residents, serving and preparing meals, daily housekeeping and laundry, as well as other basic care needs. The facility's direct care staff will display competencies in reporting requirements, cardiopulmonary resuscitation (CPR)/1st aid, personal care, supervision and protection, resident's rights, safety and fire prevention, prevention and containment of communicable diseases, medication guidelines, and resident safety. The applicant intends to accept residents from local area agencies on aging, senior service agencies, or private pay as referral sources.

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 transportation for program and medical needs, as agreed upon in the Resident Care Agreement. 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 theaters, museums, libraries, parks, sporting events, restaurants, farmer's markets, churches, and local attractions.

C. Applicant and Administrator Qualifications

The applicant is HEALING TOGETHER LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 05/22/2024. 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 HEALING TOGETHER LLC submitted documentation appointing Yvon Mukunzi as both the Licensee Designee and Administrator for this facility. Yvon Mukunzi provided documentation satisfying the qualifications and training requirements identified in the administrative group home rules to work with the aged, developmentally disabled and physically handicapped. Yvon Mukunzi has been Registered Nurse (RN) in the State of Michigan since June 2020. He has experience working as a group home caregiver, a home care aide, a certified nursing assistant in a memory care/behavioral unit for a Senior Living facility and has been a psychiatric nurse technician for an older adult unit. In the last several years, Yvon Mukunzi has been a float psychiatric registered nurse for an inpatient unit at a local mental health treatment facility and a psychiatric registered nurse for a local crisis residential service facility.

A criminal history check was conducted and determined Yvon Mukunzi is of good moral character and eligible for employment in a licensed adult foster care facility. Yvon Mukunzi submitted a statement from a physician documenting his good health and current negative TB results.

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. 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 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 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 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 with a capacity of 6.



01/02/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:



01/02/2025

Dawn N. Timm
Area Manager

Date