



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 17, 2025

Regina Mugo
Ideal Treasure Care AFC LLC
6710 Evergreen St
Portage, MI 49024

RE: Application #: AS390418966
Edgemoor
1125 Edgemoor Ave
Kalamazoo, MI 49008

Dear Regina Mugo:

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 and specialized certification for the developmentally disabled and mentally ill populations, with a maximum capacity of 6 are 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 #: | AS390418966 |
| Applicant Name: | Ideal Treasure Care AFC LLC |
| Applicant Address: | 6710 Evergreen St Portage, MI 49024 |
| Applicant Telephone #: | (269) 414-9598 |
| Administrator: | Regina Mugo |
| Licensee Designee: | Regina Mugo |
| Name of Facility: | Edgemoor |
| Facility Address: | 1125 Edgemoor Ave Kalamazoo, MI 49008 |
| Facility Telephone #: | (269) 270-3744 |
| Application Date: | 11/06/2024 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|--|
| 11/06/2024 | Enrollment |
| 11/06/2024 | Application Incomplete Letter Sent |
| 11/06/2024 | PSOR on Address Completed |
| 11/06/2024 | Contact - Document Sent - sent BFS letter |
| 11/12/2024 | File Transferred To Field Office |
| 11/14/2024 | Application Incomplete Letter Sent |
| 12/01/2024 | Contact - Document Received - Received via email LD/Admin college transcript, LD/Admin TB test, LD/Admin college degree, Furnace inspection, dated 11/27/24, LD/Amin initial medical clearance, Permission to inspect, Floor plans, Budget, Org chart, Proof of home ownership, Evacuation/emergency plans, Program statement, Smoke alarm inspection, Admission policy, Discharge and refund policy, Staffing pattern, and Personnel policies |
| 12/03/2024 | Contact - Document Sent - Sent app incomplete letter to LD upon reviewing documentation sent on 12/01/2024 |
| 12/16/2024 | Contact - Document Received - Received required training verifications for licensee designee/administrator, updated discharge/admission policy, updated evac/emergency plans, and electrical inspection. |
| 01/07/2025 | Inspection Completed On-site |
| 01/07/2025 | Inspection Completed-BCAL Sub. Compliance |
| 01/07/2025 | Inspection Completed-Env. Health : A - Due to public water/sewer inspection completed by AFC consultant |
| 01/07/2025 | Application Complete/On-site Needed |
| 01/09/2025 | Contact - Document Received - Received picture verification of installed handrails, Fiberglass fire rating, and personnel policies. Sent email requesting additional personnel policies. |
| 01/09/2025 | SC-Application Received – Original |
| 01/14/2025 | Contact - Document Received - Personnel policies |
| 01/14/2025 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a half finished basement in the well-established neighborhood of Westnedge Hill. It is situated on a .36 acre lot, on a road that runs perpendicular to two arterial roads, Oakland Drive and Westnedge Avenue, which connect Kalamazoo, Michigan and Portage, Michigan. The facility is approximately a five minute drive to local restaurants, fast food, supermarkets, churches and gas stations. It's also less than 5 minutes to local attractions such as Woods Lake and the Kalamazoo Country Club. It is an approximate 10 minute drive to both I-94 and 131 highways. It is also an approximate 10 minute drive to larger stores like Costco and Trader Joes in Kalamazoo or to Portage where additional big box stores, shops and restaurants are located.

Due to the facility's location, it utilizes both the public water supply and sewage disposal system. The facility is owned by Regina Mugo with proof of ownership on file, as well as permission to inspect. The facility is not currently wheelchair accessible; however, the applicant has expressed interest in becoming wheelchair accessible in the near future. Once the facility is wheelchair accessible, the applicant will contact licensing with a modification request and an addendum to the original will be completed.

The facility has an attached two car garage on the left side of the home, which is accessible from the facility's kitchen area/breakfast nook. There is ample parking in the driveway and alongside the road. The facility's main entrance opens to a 31'5" x 14'11" living and dining space that is on the left side of the facility. There is a gas-powered fireplace in this living area; however, the applicant disengaged the gas and submitted a signed statement documenting the unit will not be utilized for either primary or supplemental heat. Through the dining space is a small breakfast nook area adjacent to the facility's kitchen. A half bathroom is located off the breakfast nook, which consists of a toilet and sink. This bathroom has an openable window for ventilation, but no mechanical fan. Also off the breakfast nook is the facility's second means of egress to the backyard. The basement stairs are located within this breakfast nook area. The facility's kitchen consists of a refrigerator, freezer, sink, dishwasher, stove, oven and microwave. Through the kitchen is a small hallway that leads to bedroom #5. Bedroom #5 has a wall mounted electric baseboard heater, which is affixed in a permanent manner.

The remaining four resident bedrooms are located to the right of the living space off a hallway. The facility's primary bathroom is also located in this hallway. This bathroom consists of a tub/shower combination, toilet and sink. There is a mechanical fan for

ventilation as well as a window. Resident bedroom #1 has an en-suite bathroom, which consists of a stand-up shower, sink and toilet. This bathroom will only be utilized for the resident(s) in this room.

The facility's backyard is enclosed with a privacy fence; however, the gates will be non-locking against egress.

The facility's basement is half finished. The finished side consists of a living space area with closets and built in storage. This space also has an egress window; however, there is no additional means of egress out of the basement except via the basement stairs. The unfinished side of the basement is where the facility's utilities are located. The licensee designee indicated the finished side of the basement will only be utilized by direct care staff.

The facility's gas water heater, furnace, water softener, and electric washer and dryer are located in the facility's basement. The furnace was inspected on 11/27/2024 and determined to be in good working condition and functioning properly. The licensee created floor separation by installing a fire door at the top of the stairs, which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Fire extinguishers are located on the main level of the facility and the basement.

The facility is equipped with one hardwired smoke detector in the facility's kitchen and the remaining smoke detectors are interconnected using First Alert smoke detectors. The First Alert smoke detectors are battery powered with wireless interconnect with voice alerts. There are ten smoke detectors throughout the facility located in each resident bedroom, hallways, living/dining room areas, and the basement. The smoke detection system was inspected by a licensed contractor on 11/27/2024 and determined to be in good working condition, fully functioning, and interconnected. Additionally, the electrical system was inspected on 12/01/2024 and determined to be in good condition and functioning properly.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 16'3" x 11'6" | 186 sq ft | 1 or 2 |
| 2 | 12'11"x 12'5" | 160 sq ft | 1 or 2 |
| 3 | 12'11"x 9'9" | 125 sq ft | 1 |
| 4 | 13'5"x12'8" | 169 sq ft | 1 or 2 |
| 5 | 9'7"x 15'2" | 145 sq ft | 1 or 2 |

The indoor living and dining areas measure a total of 468 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 6 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 6 male and/or female residents who are mentally ill and/or developmentally disabled. 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, independent living skills, opportunities for involvement in educational or day programs/employment, transportation, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan. If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local libraries, 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 Ideal Treasure Care AFC LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 01/24/2022. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The sole member of Ideal Treasure Care AFC LLC is Regina Mugo who is identified as both the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed for Regina Mugo, who is both the licensee designee and administrator, and no LEIN convictions were identified. Regina Mugo also submitted a medical clearance request and chest x-ray, dated 01/15/2025, from her physician documenting her good health and negative TB results.

Regina Mugo provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as both the licensee designee and administrator. Regina Mugo has over five years of experiencing working in and for several different adult foster care facilities in Kalamazoo as both a manager and direct care staff where she provided companionship, passed medications, prepared meals, transported for medical appointments, and assisted residents with their needs, which included mobility, hygiene, personal care, and supervision. In 2022, Regina Mugo operated her own family home adult foster care facility for approximately 1.5 years

before she transitioned in 2024 to owning and operating multiple small group adult foster care facilities. She has worked extensively with local Community Mental Health agencies in providing care and implementing care plans to residents with mental illness and developmental disabilities. She has also completed all her required trainings through Integrated Services of Kalamazoo.

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 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 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

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 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) residents.

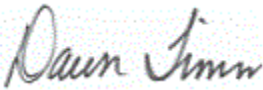


01/14/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:



01/17/2025

Dawn N. Timm
Area Manager

Date