



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2025

Olga Umukundwa
137 Belleve St Sw
Wyoming, MI 49548

RE: Application #: AS410418814
Union Home Care AFC
4043 Chamberlain Ave SE
Grand Rapids, MI 49508

Dear Olga Umukundwa:

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 5 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418814
Licensee Name:	Olga Umukundwa
Licensee Address:	137 Belleve St Sw Wyoming, MI 49548
Licensee Telephone #:	(616) 606-2074
Licensee Designee:	Olga Umukundwa
Administrator:	Olga Umukundwa
Name of Facility:	Union Home Care AFC
Facility Address:	4043 Chamberlain Ave SE Grand Rapids, MI 49508
Facility Telephone #:	(616) 606-2074
Application Date:	09/11/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/11/2024	On-Line Enrollment
09/12/2024	PSOR on Address Completed
09/12/2024	Contact - Document Sent Forms sent
09/30/2024	Contact - Document Received
10/03/2024	File Transferred To Field Office
10/04/2024	Application Incomplete Letter Sent
10/24/2024	Contact-Document Received
11/21/2024	Application Incomplete Letter Sent Documents/corrections needed.
12/02/2024	Contact- Document Received
12/13/2024	Contact-Document Received
01/09/2025	Application Incomplete Letter Sent Corrections needed.
01/10/2025	Contact- Document Received
01/16/2025	Inspection Completed Onsite- BCAL Sub Compliance Minor physical plant corrections needed.
02/19/2025	Inspection Completed Onsite- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Union Home Care AFC is a single-story ranch located in a suburban neighborhood in Grand Rapids, MI. The entrance to the home is located at the front of the house. There is a second entrance through the garage of the home. Entrance to the home requires the use of steps so the home will not be accepting residents who are not ambulatory at this time.

Through the front entrance of the home, there is an entryway. After entering the home, to the left of the entryway, is a hallway leading to one private and two semi-private resident bedrooms. There is a full, public bathroom at the end of the hallway and a semi-private, full bathroom in the semi-private resident bedroom listed as Bedroom #3

on this report. In front of the entryway is the open concept living room that leads to the dining room and kitchen. There is a laundry area and landing which leads to the garage entrance.

Through the garage entrance, there is a flight of stairs leading to the basement of the home. The basement of the home is fully finished and may be used for recreation for residents. The basement will not house any residents or direct care workers due to being below grade around the entire perimeter. There are three bedrooms and a public, full bathroom in the basement of the home.

The home utilizes a public water and sewer disposal system. The gas furnace and water heater are in the basement in an enclosed heat plant room constructed of materials that provide a 1-hour-fire resistant rating with approved 1 ¾ inch solid core door equivalent that is equipped with an automatic self-closing device with positive latching hardware. The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6"x13'8"	130	2
2	10'6"x10'7" + 3'2"x3'1"	121	1
3	12'1"x15'4"	185	2

The living, dining, and media room areas measure a total of 228 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 **five** 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 **five** male and female ambulatory residents with a diagnosis of mentally ill and/or developmentally disabled. The applicant intends to accept residents through contract placements and who are private pay individuals.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in

the facility and in the community. Transportation will be provided as specified in the resident's Resident Care Agreement.

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.

C. Applicant and Administrator Qualifications

The applicant is Olga Umukundwa. 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.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee and administrator are Olga Umukundwa. Ms. Umukundwa's education and experience have been confirmed. She has experience as a direct care worker and certified nursing assistant.

The staffing pattern for the original license is one direct care worker to five residents. 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 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.

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 temporary license and special certification to this AFC adult small group home (capacity 5).

Cassandra Duursma

02/19/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/19/2025

Jerry Hendrick
Area Manager

Date