



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 21, 2025

Teziah Manumbu
179 Lynn Drive
Battle Creek, MI 49037

RE: Application #: AS130418881
Admiral Care
91 Christy Dr
Battle Creek, MI 49015

Dear Mrs. Manumbu:

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 (616) 356-0100.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130418881
Licensee Name:	Teziah Manumbu
Licensee Address:	179 Lynn Drive BATTLE CREEK, MI 49037
Licensee Telephone #:	(269) 300-5799
Licensee Designee:	Teziah Manumbu
Administrator:	Teziah Manumbu
Name of Facility:	Admiral Care
Facility Address:	91 Christy Dr Battle Creek, MI 49015
Facility Telephone #:	(269) 300-5799
Application Date:	10/04/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/04/2024	On-Line Enrollment
10/07/2024	PSOR on Address Completed
10/07/2024	Inspection Report Requested - Health
10/07/2024	Contact - Document Sent
10/16/2024	Inspection Completed – Environmental Health Report A
12/03/2024	Comment – Change In License
12/03/2024	Contact - Document Received
12/03/2024	Comment - Email Sent
12/04/2024	Comment - Licensee Confirmed Address
12/04/2024	File Transferred To Field Office
12/04/2024	Application Incomplete Letter Sent
01/01/2025	Contact - Document Received
01/02/2025	Application 2 nd Incomplete Letter Sent
01/24/2025	Contact - Document Received
01/24/2025	Contact - Document Sent
01/27/2025	Contact - Document Received
02/09/2025	Contact - Document Received
02/10/2025	Contact - Telephone Contact Received
02/10/2025	Application Complete/On-site Needed
02/20/2025	SC-Application Received – Original
02/20/2025	Inspection Completed On-site
02/20/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Admiral Care is a one-story ranch style brick home with a full basement, located at 91 Christy Drive Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as Lakeview School District, Bronson Behavioral Health Specialist along with Bronson Urgent Care located within three to four miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will only occupy the first floor of the facility which includes four resident bedrooms, two full bathrooms, kitchen, dining room, sitting room and a large living room. Residents have access to the bathrooms, kitchen, living room, dining room, sitting room and sitting porch located at the rear exit of the facility. The basement consist of additional storage rooms, washer/dryer, furnace and hot water heater.

There are two separate approved means of egress in the facility with one located at the front entrance, the second exiting rear onto a wooden deck into the backyard. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The facility utilizes public sewer and private water supply disposal system. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 10/16/24. The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility's furnace and hot water heater was observed in the basement. The furnace and hot water heater utilizes natural gas and was inspected by a licensed professional on 1/17/25 and found to be in fully operational order.

The facility is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The facility is equipped with a fire extinguisher located in the sitting room next to the kitchen and in the basement of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'0" X 14'0"	140 sq. ft.	1
2	9'7" X 13'0"	91 sq. ft.	1
3	12'0" X 13'0"	156 sq. ft.	2

4	12'8" X 12'2"	144 sq. ft.	2
---	---------------	-------------	---

The indoor living and dining areas measure a total of 472 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 (6) residents only. It is the licensee's responsibility not to exceed the 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 or mentally impaired, 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 Muskegon County Community Mental Health/Health West 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 provide transportation for program community activities and medical needs. The facility will make provision for a variety of leisure and recreational equipment. Transportation services for residents will be covered under the daily rate. It is the intent of this facility to utilize local community resources including public schools, local community college, libraries, shopping centers, and local parks. Community outings are scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings.

C. Applicant and Administrator Qualifications

The applicant is Teziah Manumbu who is listed as the licensee and administrator. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no convictions recorded for Teziah Manumbu. Teziah Manumbu submitted a medical clearance request with statements from a physician documenting her good health and current negative TB test results.

Teziah Manumbu has provided documentation to satisfy the qualifications and training requirements as licensee designee and administrator in the administrative group home rules. Mrs. Teziah Manumbu has five years of prior work experience in the hospital industry with crisis intervention, resident aid care and first aid training. Mrs. Manumbu opened a licensed AFC on 5/18/23 which she continues to successfully operate. Mrs. Manumbu has provided direct care to residents with mental illness and developmentally disabled and has continued to complete required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one-staff-to-six 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 direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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 designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 resident 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 issuance of a temporary license to this AFC adult small group home with a capacity of six (6) residents.

Kevin L Sellers

2/21/25

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

2/25/25

Russell B. Misiak
Area Manager

Date