



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2025

Roland Awolope
3916 Oakland Dr
Kalamazoo, MI 49008

RE: Application #: AS390419249
God's Will AFC
7607 Arborcrest Street
Portage, MI 49024

Dear Roland Awolope:

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 mentally ill and developmentally disabled license, 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 #: AS390419249

Licensee Name: Roland Awolope

Licensee Address: Kalamazoo
3916 Oakland Dr
Kalamazoo, MI 49008

Licensee Telephone #: (269) 873-4532

Administrator: Roland Awolope

Licensee Designee: Roland Awolope

Name of Facility: God's Will AFC

Facility Address: 7607 Arborcrest Street
Portage, MI 49024

Facility Telephone #: (269) 873-4532

Application Date: 02/24/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

02/24/2025	On-Line Enrollment
03/02/2025	PSOR on Address Completed
03/02/2025	Contact - Document Sent - form sent
03/17/2025	Contact - Document Received
03/17/2025	File Transferred To Field Office
03/17/2025	Application Incomplete Letter Sent - Sent field application incomplete letter via email to Licensee
03/25/2025	Contact - Document Received - Received the following: deed to home, LD/Admin medical and TB clearance, TB test verification, program statement, org chart, proposed budget, smoke alarm inspection, electrical inspection, emergency preparedness plan, evacuation plan, floor plans (main and 2nd floor), LD/Admin school verification, LD/Admin training verification, credit report, and furnace inspection
03/25/2025	Contact - Document Sent - Sent 2nd app incomplete letter via email to licensee. Provided date to complete original inspection.
04/04/2025	Contact - Document Received - Received the following: permission to inspect, documentation re: fire place, evacuation plan, floor layout, program statement, refund policy, etc., org chart.
04/04/2025	Inspection Completed On-site
04/04/2025	Inspection Completed-BCAL Sub. Compliance
04/06/2025	Contact - Document Sent - Sent third application incomplete letter after reviewing updated documentation provided by the licensee.
04/07/2025	Contact - Document Received - Received updated ltr regarding fireplace, financial statement, updated evacuation routes, updated floor plans, updated refund agreement, job descriptions, policies and procedures and confirmation physical plant issues were corrected.
04/09/2025	Inspection Completed – BCAL Full Compliance
04/10/2025	SC-Application Received – Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home with a basement located within a well-established neighborhood in Portage, Michigan. The home is located within a 5-10 minute drive to a variety of restaurants, grocery stores, and shopping. The home is within a 7 minute drive to 131 highway, an approximate 10 minute to the 131 highway and I-94 interchange, a 5 minute drive to local establishments within Portage, MI and an approximate 20 minute drive to downtown Kalamazoo, Michigan. It is in close proximity to local churches, schools, and local trails for walking and/or biking. Due to home's location, it utilizes public water and sewage systems.

The front door of the facility opens into a foyer with stairs leading to the facility's second story, a short hallway to the garage, and a door leading to the facility's basement. In the hallway leading to the garage is a half bathroom and the facility's laundry room. The bathroom consists of a toilet and sink with a mechanical fan for ventilation due to this bathroom not having a window. The laundry room consists of an electric washer and dryer.

Beyond the foyer is the facility's open concept kitchen with a breakfast nook area. The kitchen overlooks a 15'2" x 15'5" sized family room. This family room has a gas-powered fireplace; however, the applicant submitted a statement documenting the gas to the fireplace was shut off and disconnected. The applicant documented the fireplace would not be used for primary or supplemental heating purposes. A three season screened in porch is just beyond the family room, which allows access to the garage and to the facility's backyard. A sliding door off the family room leads to a 15'4" x 13'7" concrete patio and the facility's backyard. The facility's backyard is enclosed with a chain link fence; however, the gate system is non locking against egress. The facility's dining room and primary living room are accessible from the foyer and the kitchen area. The facility's front door and the sliding door off the family room are the primary and secondary means of egress out of the facility. The facility does not have wheelchair ramps; therefore, it is not wheelchair accessible.

The facility's second floor consists of five resident bedrooms and a bathroom with a shower/bathtub combination, sink, and toilet. This bathroom has both a mechanical fan and window for ventilation. The largest bedroom on the second floor has an en-suite bathroom consisting of a stand-up shower, toilet, sink and window for ventilation. This bathroom will only be utilized by the residents residing in this bedroom.

The basement consists of a staff office area, ample storage space, and all the facility's utilities, including the gas furnace, gas hot water heater, water softener and electrical panel. The basement will not be utilized by residents except for safety during inclement weather. The licensee created floor separation within the facility by installing a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware, at the top of the basement stairs. The facility's

furnace and electrical system were inspected on 03/07/2025 and 03/17/2025, respectively, and both were determined to be functioning properly and in good working condition.

The facility is equipped with a wireless interconnected smoke detection system identified as “X-Sense”, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected on 03/15/2025 and determined to be in the correct locations, interconnected and functioning properly. Smoke alarms are located in the facility’s mechanical area, the basement area, in each resident bedroom, and in the living and dining areas. Fire extinguishers are also located on each level 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	12' x 8'11"	107 sq ft	1
2	15'8" x 11'	172 sq ft	2
3	10'1" x 10'11"	110 sq ft	1
4	9' x 9'	81 sq ft	1
5	9'7" x 12'7"	120 sq ft	1

The living, dining, and sitting room areas measure a total of 605 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

The applicant intends to offer a specialized program for the developmentally disabled and mentally ill populations with services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident’s Assessment Plans for AFC Residents and individual plans of service.

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, mentally illness, aged, and/or physically handicapped, in the least restrictive environment possible. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. If required, personal behavior support plans will be designed and implemented for each resident’s social and behavioral developmental

needs. The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, Senior Care Partner programs and/or private pay individuals as referral sources.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plans. 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 specified in the Resident Care Agreement. The facility will make provisions 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 for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant, Roland Awolope, has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report, budget and financial statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A criminal history check was conducted and determined Roland Awolope was of good moral character and eligible for employment in a licensed adult foster care facility. Roland Awolope submitted a statement from a physician documenting his good health and current negative TB test results, dated 03/20/2025 and 08/12/2024, respectively.

The applicant and Administrator, Roland Awolope, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Since approximately January 2020, Roland Awolope has been the licensee and administrator to five other adult foster care facilities within Kalamazoo and Portage, Michigan. Roland Awolope also worked as a direct care staff providing medication, assisting with daily living skills and personal care, meal prepping, and taking residents on outings and participating in activities. Roland Awolope has worked with residents who are developmentally disabled, mentally ill, physically handicapped, and aged. In addition, Roland Awolope, has taken several college classes at a local community college focusing on the health sciences.

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 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 and specialized certification for the mentally ill and developmentally disabled to this small adult foster care group home with a capacity of six residents.

Cathy Cushman

04/11/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

04/11/2025

Dawn N. Timm
Area Manager

Date