



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 17, 2026

Yodit Woldegabrel
2107 Reo Rd
Lansing, MI 48910

RE: Application #: AS330419756
EFIZEW
2107 Reo Rd
Lansing, MI 48910

Dear Ms. Woldegabrel:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330419756
Applicant Name:	Yodit Woldegabrel
Applicant Address:	2107 Reo Rd Lansing, MI 48910
Applicant Telephone #:	(517) 214-2986
Licensee:	Yodit Woldegabrel
Administrator	Yodit Woldegabrel
Name of Facility:	EFIZEW
Facility Address:	2107 Reo Rd Lansing, MI 48910
Facility Telephone #:	(517) 214-2986
Application Date:	07/16/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/16/2025	Enrollment
07/16/2025	Application Incomplete Letter Sent requested 1326/RI030
07/16/2025	PSOR on Address Completed
07/16/2025	Contact - Document Sent -forms sent
07/31/2025	Contact - Document Received
07/31/2025	File Transferred To Field Office
08/05/2025	Application Incomplete Letter Sent to Yodit Woldegabrel by email.
08/19/2025	Contact - Document Received- Medical clearance for Yodit sent.
10/31/2025	Contact - Documents Received Financial documents, bank statement, credit report, emergency, evacuation plan, verification of property ownership, organizational chart, program statement, personnel policies, job description
11/04/2025	Contact - Document Received Rec'd policies and procedures
11/19/2025	Contact - Document Sent- email about trainings
11/25/2025	Application Complete/On-site Needed
11/25/2025	Inspection Completed On-site - BCAL Sub. Compliance Met with Yodit Woldegabrel
02/04/2026	Inspection Completed On-site - BCAL Sub. Compliance Met with Yodit
02/05/2026	Contact - Document Received -Video of self-closing fire door
02/11/2026	Contact - Document Received Video of door locks removed on storm doors.
02/11/2026	Inspection completed – Full compliance – virtual. Pictures of all changes were sent.
02/12/2026	Recommend license issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Efizew AFC is located in Lansing, Michigan. Efizew AFC has green vinyl siding and is situated on a city lot near the intersection of Reo Road and Starr Avenue. The applicant owns the property at 2107 E. Reo Lansing, MI, which was verified by reviewing the warranty deed for the property. The facility was newly built in 2025 and has 1376 square feet on the main level which includes three resident bedrooms and two full resident bathrooms. The facility is a ranch style home with a finished basement. There are two means of egress at the front and back of the home. The facility has one wheelchair ramp off the back porch exit and the main front door exit is at grade level; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility doorways to the living, dining, bathroom, and resident bedrooms have a width which allows residents requiring wheelchairs or other devices to easily navigate through and easily access these spaces.

There is also a spacious finished basement equipped with a third bathroom. All three semi-private resident bedrooms are on the main level with two full resident bathrooms nearby. The washer and dryer are also on the main level. The facility clothes dryer is vented to the outside using permanent metal duct work. The main floor has an open concept kitchen, dining room, and living room with resident bedrooms located off two hallways. As the home was newly built, there are new appliances and furniture throughout the facility. There are two full bathrooms on the main level and both contain a toilet, sink, shower, and mechanical fans for ventilation. The facility is located in the city of Lansing which offers a variety of churches, department stores, behavioral health centers, and stores nearby. The facility has an attached two-car garage and parking is available in the driveway and on the road nearby for visitors and staff.

Due to the facility's location, it utilizes both public water and sewage system which were both inspected by the Bureau of Community Health Systems on 11/25/2025 and determined to be in substantial compliance with all applicable environmental health and safety rules.

Efizew AFC also has a large, finished basement with two approved means of egress leading to the outside which can be used by residents for recreation. One means of egress is the interior stairway that terminates on the floor above leading directly to the front door and the other is a large egress window. Although there are no resident bedrooms downstairs, the basement does have storage, a large living room area, and another full bathroom in the basement all accessible to residents.

The electric furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace and electrical system were newly installed in 2025 when the home was built and both were determined to be in good condition and

functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 11/17/2025 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'11" X 14'1"	170	2
2	12'9" X 10'4"	132	2
3	13'2" X 12'8"	167	2

The living, dining, and sitting room areas measure a total of 481 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

Ms. Woldegabrel intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female ambulatory *and* non-ambulatory adults whose diagnosis is developmental disability, mentally illness, physically handicapped, and aged in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

Ms. Woldegabrel intends to accept residents from Adult Protective Services, local community mental health agencies, programs or agencies working with the aged populations such as Tri County Office on Aging, and private pay individuals as referral sources.

Ms. Woldegabrel will ensure the availability of transportation services as agreed upon in the *Resident Care Agreement* but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

Ms. Woldegabrel will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Yodit Woldegabrel. Ms. Woldegabrel submitted a medical clearance with a statement from a physician documenting Ms. Woldegabrel's good health and showing she is free of communicable diseases.

Ms. Woldegabrel has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Woldegabrel has worked at Sparrow Hospital for five years as a patient care technician working with individuals who are aged and/or have a physical handicap along with three years in the sterile processing department. Ms. Woldegabrel also volunteered in an AFC group home setting for three years and has direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

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.

Ms. Woldegabrel 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.

Ms. Woldegabrel 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.

Ms. Woldegabrel 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. Ms. Woldegabrel 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.

Ms. Woldegabrel 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.

Ms. Woldegabrel 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. Ms. Woldegabrel 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 at least an annual basis. Ms. Woldegabrel acknowledges the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents required to be maintained within each resident's file.

Ms. Woldegabrel acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Woldegabrel acknowledges recording each resident's funds and itemized transactions including payment for services. Ms. Woldegabrel acknowledges this document 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.

Ms. Woldegabrel acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Woldegabrel indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Woldegabrel 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. Ms. Woldegabrel 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.

Ms. Woldegabrel 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.

Ms. Woldegabrel 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.

RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small AFC group home with a capacity of six residents.

Jennifer Browning

Jennifer Browning
Licensing Consultant

02/12/2026

Date

Approved By:

Dawn Timm

02/17/2026

Dawn N. Timm
Area Manager

Date