



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 30, 2026

Kalkidan Tesfagiorgis
2843 Turtlecreek Dr
East Lansing, MI 48823

RE: Application #: AS330420193
Efrem AFC
2801 Fernwood Ave
Lansing, MI 48912

Dear Ms. Tesfagiorgis:

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 (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330420193
Applicant Name:	Kalkidan Tesfagiorgis
Applicant Address:	2843 Turtlecreek Dr East Lansing, MI 48823
Applicant Telephone #:	(517) 402-6191
Licensee:	Kalkidan Tesfagiorgis
Administrator:	Kalkidan Tesfagiorgis
Name of Facility:	Efrem AFC
Facility Address:	2801 Fernwood Ave Lansing, MI 48912
Facility Telephone #:	(517) 402-6191
Application Date:	01/06/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/06/2026	Enrollment
01/06/2026	Application Incomplete Letter Sent requested 1326/RI030
01/06/2026	PSOR on Address Completed
01/06/2026	Contact - Document Sent- forms sent
01/16/2026	Contact - Document Sent- emailed licensee regarding prints not found
01/21/2026	Contact - Document Received- 1326/RI030
01/21/2026	File Transferred To Field Office
01/23/2026	Application Incomplete Letter Sent
03/25/2026	Application Complete/On-site Needed
03/25/2026	Inspection Completed On-site
03/25/2026	Inspection Completed-BCAL Full Compliance
03/25/2026	Inspection Completed-Env. Health : A Public Water and Sewer.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This small group adult foster care facility is located at 2801 Fernwood in the Lasalle Gardens neighborhood. This prime Location is in between downtown Lansing and downtown East Lansing/MSU with close proximity to sports, culture, shopping and dining and the Frandor Shopping Center, off of US 127. The facility is centrally located to many activities of the city, but you feel as if you are in a quaint quiet neighborhood. The facility is just east of U of M-Sparrow Hospital and the Capital, and close to many city parks and trails. The facility has a double long driveway, in front of an attached two car garage, providing plenty of parking for staff and visitors along with parking available on the road.

The facility utilizes both public water and public sewage systems which were both inspected by this consultant on March 25, 2026, and determined to be in substantial compliance with all applicable environmental health and safety rules.

The physical property is owned by Elisabeth Engeda, verified by property taxes, and she provided written permission for licensee Kalkidan Tesfagiorgis to operate an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

The facility is an elegant mid-century modern ranch with an attached two car garage and a full basement. The basement will not be licensed for resident use other than to complete laundry. The main entrance/egress which includes a small step that is ramped for the use of wheelchairs. The second entrance/egress is at the back of the home through the sunroom and this entrance/egress is at grade level. Given that there is a wheelchair ramp at the front egress, and the back egress is at grade, with these two approved means of egress from the first floor, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The doorways to the living, dining, bathroom, and resident bedrooms have a 36" width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces. Upon entrance to the facility is a small foyer leading to an open concept living room and dining room to the right and the first bathroom to the left. The residents' bedrooms are comfortably sized and licensed for two residents per bedroom. The facility has two full bathrooms consisting of a window, toilet, sink, one bathroom has a barrier free walk in shower, and the second bathroom has a bathtub with shower option. Both bathroom showers have grab bars for the assistance of getting in and out. The facility has a great sunroom to enjoy outdoors without the elements of the weather. The kitchen has plenty of cupboard space with a pantry that is locked which will hold resident medications and resident records.

The facility has a basement which houses the laundry room and heating plant, electric washer/dryer, and storage. The only exit out of the basement is a set of stairs, therefore the basement is not licensed for resident use.

The natural gas furnace and hot water heater, in addition to the electric powered washer and dryer, are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on January 28, 2026, by a licensed inspector, respectively, 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.

Ms. Tesfagiorgis 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. Ms. Tesfagiorgis 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. Ms. Tesfagiorgis 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 has two wood burning fireplaces located in the living room on the main floor and in the basement. The fireplaces will not be used and are decorative only.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on March 11, 2026, 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.

Additionally, the facility’s electrical system was inspected on January 16, 2026, and determined to be fully functioning and in good condition.

The facility’s front and backyard are surrounded by chain linked fence; however, Ms. Tesfagiorgis acknowledged an understanding the gates must not be locking against egress.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 off of Kitchen	13' X 12'	156 Sq. Ft.	2 Beds
#2 off of Dining Room	13'6" X 13'5"	183.6 Sq. Ft.	2 Beds
#3 off of Living Room	11'8" X 13'6"	160.48 Sq. Ft.	2 Beds
Dining Room/Living Room-Open Floor Plan	15' X 27' 6'4 X 7' 405 + 44'5"	449.5 Sq. Ft	
Sunroom	21' X 10'	210 Sq. Ft.	

The living, dining, and sitting room areas measure a total of 659.5 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. Tesfagiorgis intends to provide 24-hour supervision, protection and personal care to **six (6)** both male and female residents who may ambulatory or non-ambulatory whose diagnosis is developmentally disability, mental illness, aged, and/or physically handicapped, in the least restrictive environment possible.

Efrem AFC's primary objective is to provide general, social, and fully supervised residential care. Efrem AFC's goal is to provide a quality environment with a home like atmosphere, where each resident has the opportunity to reach their highest potential. Residents will have the opportunity to participate in indoor activities such as bingo, games, chess, movies, and art. Outdoor activities include walking around neighborhood and in the mall and passes to the YMCA. The services are focused towards maintaining the resident's current level of daily functioning. Efrem AFC 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.

Efrem AFC intends to provide respite care to residents and it is documented in the program statement that residents requiring respite services would count towards the facility's licensed capacity. Ms. Tesfagiorgis included a statement documenting her understanding that the provision of respite care could not impair the ability of the facility to meet the care needs of the residents or disrupt the residents who live in the facility. Ms. Tesfagiorgis documented that residents requiring respite services must complete all required AFC documents at the time of admission and the licensee acknowledged an understanding of compliance with evacuation procedures when providing respite care.

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. Tesfagiorgis intends to accept residents from local community mental health agencies, local Department of Health and Human Services, private pay individuals, and Adult Protective Services, as referral sources.

Ms. Tesfagiorgis will ensure the availability of transportation services as agreed upon in the *Resident Care Agreement* and community mental health special certification contracts but shall minimally 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. Tesfagiorgis will make provisions for a variety of leisure and recreational equipment. It is the intent of Ms. Tesfagiorgis to utilize local community resources including festivals, libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

Kalkidan Tesfagiorgis has acknowledged sufficient financial resources to provide for the adequate care of the residents. Ms. Tesfagiorgis has cash in savings and income from savings and outside employment. Ms. Tesfagiorgis 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 licensee/administrator Kalkidan Tesfagiorgis. Ms. Tesfagiorgis submitted a medical clearance with a statement from a physician documenting Ms. Tesfagiorgis' good health dated November 25, 2025. Ms. Tesfagiorgis provided a baseline screening for communicable diseases and records of illness completed on March 26, 2026

Kalkidan Tesfagiorgis provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Kalkidan Tesfagiorgis has had several years of experience as an adult foster care direct care staff working in adult foster care homes providing direct care to residents diagnosed with mental illness and developmentally disabilities as well as aged. Ms. Tesfagiorgis has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Ms. Tesfagiorgis 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 six bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. Ms. Tesfagiorgis acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by residents. Ms. Tesfagiorgis has indicated that direct care staff will be awake during sleeping hours. Ms. Tesfagiorgis 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. Tesfagiorgis 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. Tesfagiorgis 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, Ms. Tesfagiorgis 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. Tesfagiorgis 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, Ms. Tesfagiorgis 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. Tesfagiorgis 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. Tesfagiorgis 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. Ms. Tesfagiorgis 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.

Ms. Tesfagiorgis acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Tesfagiorgis acknowledges recording each resident's funds and itemized transactions including payment for services. Ms. Tesfagiorgis 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. Tesfagiorgis 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. Tesfagiorgis indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Tesfagiorgis 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. Tesfagiorgis has indicated their

