GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

Ngayi Gamnje
47532 Putney Ct
CANTON, MI 48188

RE: Application #: AS630419550
Paradise Care
22021 Church St
Oak Park, MI 48237

Dear Ngayi Gamnje:

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 (248) 972-9136.

Sincerely,

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419550
Licensee Name:	Ngayi Gamnje
Licensee Address:	47532 Putney Ct CANTON, MI 48188
Licensee Telephone #:	(734) 560-3067
Licensee Designee:	Ngayi Gamnji
Administrator:	Pleasure Nkwankam Nusah
Name of Facility:	Paradise Care
Facility Address:	22021 Church St Oak Park, MI 48237
Facility Telephone #:	(734) 560-3067
Application Date:	05/14/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/14/2025	On-Line Enrollment
05/16/2025	PSOR on Address Completed
05/16/2025	Contact - Document Sent
06/10/2025	Contact - Document Received RI030 Still need 1326 back.
06/10/2025	Contact - Document Sent 1326 emailed to licensee.
06/18/2025	Contact - Document Received
07/10/2025	Contact - Document Received 1326/RI030
07/10/2025	Contact - Document Sent AFC-100.
07/15/2025	Contact - Document Received AFC-100
07/15/2025	File Transferred To Field Office
07/25/2025	Application Incomplete Letter Sent
11/11/2025	Contact - Document Sent
11/20/2025	Contact - Document Received
12/11/2025	Contact - Document Sent
01/19/2026	Contact - Document Received
02/11/2026	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Paradise Care is a single-story ranch style residential home located at 22021 Church St in Oak Park, MI 48237, near 9 mile road. There are shopping areas and essential community resources such as department stores, emergency rooms, convenience stores, churches, and parks within a few miles of the home. The home is located in a suburban area of Oak Park that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Oak Park Police department responds to emergency calls from the home. Providence Hospital is located a few miles from the home. There is parking available in the home's driveway and on the street.

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 04/14/26 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The home is owned by applicant Ngayi Gamnje. Verification of ownership via quick claim deed.

The area of the home that is designated for residents has 2 double occupancy bedrooms, two single occupancy bedrooms, one full bathroom, a half bathroom, a living room, and a kitchen/dining area. The home has two forms of egress. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The gas furnace and hot water heater, in addition to the gas 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 facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside.

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. The system was inspected on 04/14/26 and was 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.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'7x15'5	289.85	2
2	10'2x9'3	94.86	1
3	11x12'3	135.30	2
4	10'11x10'7	108.18	1
		Total capacity:	6

The living and sitting room areas measure a total of 274.4 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home is not wheelchair assessable.

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.

Paradise Care intends to provide 24-hour supervision, protection, and personal care to three male or female residents, whose diagnosis is Developmentally Disabled, aged and Mentally ill. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Paradise Care will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care they need in a family-like setting. Paradise Care will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body and spirit. They will provide rehabilitative activities and programs to help residents regain lost function and independence on a short-term basis. The home will also professionally

assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. Paradise Care will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities. The licensee will make arrangements as needed for visiting a physician, dentist, podiatrist, and home care, including nursing, occupational, physical and speech therapy.

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.

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

The applicant 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

The applicant 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. Rule/Statutory Violations

The applicant is Ngayi Gamnje. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. 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.

Ngayi Gamnje., appointed Ngayi Gamnje as the licensee designee and Pleasure Nkwankam Nusah as administrator of the facility. Ngayi Gamnje has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no LEIN convictions recorded for Ngayi Gamnje. Ngayi Gamnje submitted a medical clearance with a statement from a physician documenting Ngayi Gamnje is in good health, dated 11/19/25.

Pleasure Nkwankam Nusah also submitted a medical clearance with a statement from a physician documenting Pleasure Nkwankam Nusah's good health, dated 11/19/25 and verification Pleasure Nkwankam Nusah has a baseline screening for communicable diseases and records of illness on hiring.

Ngayi Gamnje and administrator Pleasure Nkwankam Nusah have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator's AFC experience and a concise overview of the key qualifications and work history. Ngayi Gamnje, has a degree from Wayne Community College. She has over a year of experience as a direct in-home caregiver for individuals with diagnosis of developmentally disabled, aged and mentally ill. Licensing record clearance requests were completed for Ngayi Gamnje. Ngayi Gamnje submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results. Pleasure Nkwankam Nusah has a diploma from Universite De Yaounde 2 located in Cameroon. Nkwankam Nusah has over a year of experience as a direct in-home caregiver for individuals with diagnosis of developmentally disabled, aged and mentally ill.

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, 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 recording each resident's funds and itemized transactions including payment for services. The applicant 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.

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.

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 to this adult foster care small group home (capacity 1-6).

5/20/26

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Eric Johnson Date
Licensing Consultant

Approved By:

05/20/26

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Denise Y. Nunn Date
Area Manager