GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 2, 2026

Destayehu Wollie
1228 Kimberly Dr
LANSING, MI 48912

RE: Application #: AS330420426
Lucky
1228 Kimberly Dr
Lansing, MI 48912

Dear Ms. Wollie:

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 5 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 #:	AS330420426
Licensee Name:	Destayehu Wollie
Licensee Address:	1228 Kimberly Dr LANSING, MI 48912
Licensee Telephone #:	(517) 980-3348
Name of Facility:	Lucky
Facility Address:	1228 Kimberly Dr Lansing, MI 48912
Facility Telephone #:	(517) 980-3348
Application Date:	03/17/2026
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/17/2026	On-Line Enrollment
03/17/2026	On-Line Application Incomplete Letter Sent 1326/RI030 req'd
03/17/2026	On-Line Application Received - Original
03/17/2026	On-Line Fee Received - Original
04/13/2026	PSOR on Address Completed
04/13/2026	Contact - Document Sent forms sent
04/16/2026	Contact - Document Received 1326/RI030 rec'd
04/17/2026	File Transferred To Field Office
04/17/2026	Application Incomplete Letter Sent
05/15/2026	Contact - Document Received Via email, copies of training certificates for Licensee.
06/01/2026	Contact - Document Received Via email, documents received.
06/12/2026	Contact - Document Received Policies and Procedures
06/15/2026	Contact - Telephone call received Consultation provided.
06/25/2026	Inspection Completed On-site

06/25/2026	Inspection Completed-Env. Health: A
06/25/2026	Inspection Completed-BCAL Full Compliance
06/25/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lucky AFC Home is located in the quaint Groesbeck neighborhood in Lansing Township, just off US 127. The home is just minutes from Michigan State University and Eastwood Towne Center, which provide plenty of activities including walking trails, sporting/community events, shopping, grocery stores, restaurants, and a movie theater. The facility has ample parking in the driveway and along the road for visitors and staff.

Lucky AFC Home utilizes public water and sewer which has been inspected by the Bureau of Community Health Systems on June 25, 2026, and determined to be in substantial compliance with all applicable environmental health and safety rules.

Applicant Destayehu Wollie and her husband own the property which was verified by review of a copy of the Quit Claim Deed. Ms. Wollie granted Licensing and Regulatory Affairs to inspect the property as needed.

The well-loved brick ranch style home welcomes you with an entry way that opens into a spacious living room filled with natural light from oversized windows and gorgeous original hardwood floors. Off the living room, to the left is the kitchen with plenty of cupboard space and a large dining area. There is a wood burning fireplace in the dining room area that is kept for decorative purposes only. Off the dining room is a large sliding glass door that leads to a spacious fenced-in backyard with a gate on both sides of the home to exit/enter the backyard. In the kitchen, there is a door that enters the garage. To the right of the living room is a hallway, which has a full bathroom with a bathtub/shower, sink and toilet along with three resident bedrooms including one private and two semi-private resident bedrooms. The bedroom referred to as the primary bedroom, is located at the end of the hallway to the left. The primary bedroom also has a half bath with a toilet and a sink. This is a semi-private resident to accommodate two residents. The second semi-private resident bedroom is on the right-hand side of the hallway. The third resident bedroom is a private bedroom.

All means of egress are not at grade level and require at least one step to enter the home. The home does not have wheelchair ramps and the inside of the home is not wheelchair accessible. Applicant Destayehu Wollie acknowledged that residents needing the use of wheelchairs for mobility will not be admitted into the home.

The home has a full finished basement. Residents will only have access to the laundry room to complete laundry. In addition to the laundry area, the basement has a bathroom, storage room, and two additional rooms.

The furnace and water heater are both located in the basement as well. The natural gas furnace and hot water heater, in addition to the electric powered washer and dryer, are located in the homes 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 was inspected on June 10, 2026, by Sharon's Heating and Cooling and the electrical system were inspected on June 04, 2026, by Discount Electric and Maintenance Report, 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. Wollie 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 home has one wood burning fireplace that is only for decorative purposes only and will not be used for supplemental heat purposes.

The home is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed and inspected by Discount Electric and Maintenance Repair on June 05, 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 in all areas that contain flame or heat producing equipment.

The backyard is surrounded by a metal fence, however, Ms. Wollie acknowledged an understanding the gates must not be locked 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 Primary Bedroom	13'11" X 13'4" sq. ft.	175.67 sq. ft	2
#2 Secondary Bedroom	13'6" X 9'7" sq. ft.	131.92 sq. ft	2
#3 Private Bedroom	11'2" X 9'7" sq. ft.	108.92 sq. ft.	1
Dining Room	15'5" X 17'8" sq. ft.	275.9 sq. ft.	
Living Room	14'3" X 9'11" sq. ft.	130.2 sq. ft	

The living, dining, and sitting room areas measure a total of 406 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 **five** (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. <u>Program Description</u>

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.

Applicant Destayehu Wollie intends to provide 24-hour supervision, protection and personal care to **five** (**5**) male and/or female, ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and/or physically handicapped, in the least restrictive environment possible.

Per the program statement the goal of Lucky AFC Group Home is to create a safe and welcoming home where every resident feels valued, respected, and cared for through personalized support. Lucky AFC Group Home will promote resident independence and dignity by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. We encourage residents to make choices about daily routines, meals, and activities. Lucky AFC Group Home will enhance each residents' quality of life by offering enrichment activity, such as creative and expressive art projects, puzzles and brain games, physical exercises, celebrating events (birthday parties, holidays).
The home will also support community integration of residents by attending community events and celebrations, utilizing local parks, MSU sporting activities, utilizing local libraries and museums to reduce social isolation and promote good

relationships. The applicant will make provisions for a variety of leisure and recreational equipment.

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. Wollie intends to accept residents from Community Mental Health Agencies as referral sources.

Ms. Wollie 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 shall provide or arrange transportation for residents.

C. <u>Applicant and Administrator Qualifications</u>

Applicant Destayehu Wollie acknowledged sufficient financial resources to provide for the adequate care of the residents. Ms. Wollie has cash in savings and income from savings and outside employment. Ms. Wollie 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 Destayehu Wollie as the Licensee and Administrator. Ms. Wollie submitted a medical clearance with a statement from a physician documenting the Ms. Wollie, being in good health, dated April 21, 2026. Ms. Wollie also completed verification of a baseline screening for communicable diseases and records of illness upon application.

Applicant Destayehu Wollie provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Wollie is currently and has been a direct care staff since February 2025, providing compassionate, resident-centered care in a small group home setting by assisting residents with activities of daily living including bathing, dressing, grooming, mobility support, meal preparation, medication administration and maintaining secure medication storage. Ms. Wollie also monitors and reports changes in residents' physical and mental conditions to appropriate management, completes accurate documentation including daily logs, care notes, and incident reports and ensures compliance with resident rights, confidentiality standards, and AFC Regulations.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff -to- 5 residents per shift. The applicant acknowledges that the staff 1–to-5 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Wollie 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. Ms. Wollie 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. Wollie 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. Wollie indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Wollie 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. Wollie 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. Wollie 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

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 maximum capacity of five residents.

Bridget Vermeesch

06/30/2026

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Bridget Vermeesch Date
Licensing Consultant

Approved By:

Dawn Timm

07/02/2026

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Dawn N. Timm Date
Area Manager