GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Ndeye Ndao
10130 Roger St.
Portage, MI 49002

RE: Application #: AS390419834
MI Tendercare Homes
10130 Roger Street
Portage, MI 49002

Dear Ndeye Ndao:

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 3 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,

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 #:	AS390419834
Applicant Name:	Ndeye Ndao
Applicant Address:	10130 Roger St. Portage, MI 49002
Applicant Telephone #:	(269) 266-2129
Administrator:	Papa Ndao
Licensee Designee	Ndeye Ndao
Name of Facility:	MI Tendercare Homes
Facility Address:	10130 Roger Street Portage, MI 49002
Facility Telephone #:	(269) 329-4400
Application Date:	08/14/2025
Capacity:	3
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/14/2025	Enrollment
08/14/2025	Application Incomplete Letter Sent - requested 1326/RI030 and AFC100
08/14/2025	Contact - Document Sent - forms sent
08/15/2025	Application Incomplete Letter Sent - Sent via email
08/17/2025	Contact - Document Received - Received via email: copies of fingerprints for LD, BCHS 100 form for Ndeye - not cleared yet, medical clearance for Ndeye, proposed budget, financial statement and bank statements.
09/12/2025	Contact - Document Received - Received proof of ownership, resume for applicant, permission to inspect, designated person doc, program/admission/discharge/refund policies and statements, written evac procedures, emergency numbers, job descriptions, org chart, PACE contract, layout, furnace/electrical inspection.
09/17/2025	Contact - Document Received - Received applicant medical clearance and fingerprints.
09/17/2025	Contact - Document Received - Received applicant's proposed budget, business bank statement, and income statement for 2024
09/29/2025	Contact - Document Received
09/29/2025	File Transferred To Field Office
09/30/2025	Application Incomplete Letter Sent - Sent updated app incomplete letter reflecting review of documents received.
10/02/2025	Contact - Document Received - Licensee credit report received.
10/02/2025	Contact - Document Received - Received Administrator's medical clearance.
10/07/2025	Contact - Document Received - Received the following via email: basement layout, updated resume for licensee, required policies, Administrator resume, CPR/first aid/rights training for licensee, and proposed budget.

10/13/2025	Application Incomplete Letter Sent - Sent updated app incomplete letter based on my review of the submitted documentation.
10/14/2025	Contact - Document Received - Received the following: updated permission to inspection, Direct care staff training policy, training for administrator and applicant, Administrator TB test verification, layout with evacuation routes.
10/16/2025	Application Incomplete Letter Sent - Sent app incomplete letter based on my review of documentation submitted.
10/16/2025	Contact - Document Received - Received trainings, updated admission and program statements, updated resumes, transcripts, and dated inspections.
10/20/2025	Application Incomplete Letter Sent- Sent based on my review of docs received 10/16/2025
10/21/2025	Contact - Document Received - Received additional trainings for Licensee.
10/30/2026	Application Incomplete Letter Sent - Sent based on my review of documentation received on 10/21/2025
10/30/2026	Contact - Document Received - Received additional trainings for licensee.
10/31/2026	Inspection Completed On-site
10/31/2026	Inspection Completed-BCAL Sub. Compliance
10/31/2026	Confirming Letter Sent
10/31/2026	Contact - Document Sent - Sent confirming letter to licensee via email.
10/31/2026	Application Incomplete Letter Sent - Based on my review of documentation received 10/30/2025
10/31/2026	Contact - Document Received - Received partial trainings for Papa Ndao.
12/29/2026	Contact - Document Received - Received email from LD regarding ramps. She documented she was unable to contact anyone to do an inspection from Portage. I emailed her back the

	link to the building and inspection website for Portage building dept. Advised the ramps needed to be inspected and approved by a professional inspector and not the consultant.
02/21/2026	Contact - Document Received - Licensee emailed documenting she contacted someone from City of Portage to inspect ramps. She needed to wait until snow melted.
03/10/2026	Contact - Document Sent - Emailed licensee requesting an update on ramp inspection.
03/30/2026	Contact - Document Sent - Sent email requesting update about ramp inspection.
04/08/2026	Contact - Telephone call received - Voicemail from licensee expressing challenges with getting ramps inspected.
04/09/2026	Contact - Telephone call made - Left voicemail with licensee.
04/09/2026	Application Incomplete Letter Sent - Sent a follow-up up application incomplete letter reflecting new rules.
04/09/2026	Confirming Letter Sent - Resent confirming letter dated 10/31/2025
04/09/2026	Contact - Document Sent - Sent email to licensee with application incomplete ltr reflecting some outstanding items due to rules changing in November. Also resent last confirming letter. Included updated medical clearance docs, communicable disease screening, and updated attestation form. Provided feedback on how to move forward with licensure without being wheelchair accessible until she navigates the approval process with City of Portage.
05/12/2026	Contact - Document Sent - Email to licensee requesting update.
05/15/2026	Contact - Document Received - Email update from licensee.
05/18/2026	Contact – Document Sent – Email to licensee.
06/10/2026	Contact - Document Sent - Email to licensee requesting another update.
06/16/2026	Contact - Document Received - Policy on camera use in facility, evacuation layout, emergency preparedness plans, and Ramp approvals.

06/16/2026	Contact – Document Sent - In effort to move things along, scheduled inspection.
06/28/2026	Contact - Document Received - Administrator college transcripts, training, and medical.
06/29/2026	Contact - Document Received - Licensee medication training.
06/29/2026	Contact - Document Sent - Provided consultation to licensee regarding training.
06/30/2026	Application Incomplete Letter Sent - Sent updated app incomplete letter based on documentation received and reviewed thus far.
07/01/2026	Inspection Completed On-site
07/01/2026	Inspection Completed-Env. Health : A – due to public water/sewer inspection completed by BCHS
07/01/2026	Contact - Document Received - Updated emergency preparedness plans
07/02/2026	Contact - Document Received - Smoke alarm inspection dated 06/18/26
07/06/2026	Contact - Document Received - Updated medical clearance for licensee.
07/06/2026	Application Incomplete Letter Sent - Sent updated app incomplete ltr
07/23/2026	Contact – Document Received – Administrator’s communicable disease screening and med training verification
07/30/2026	Contact – Document Received – updated program statement to include respite and training attestation form for Administrator.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility was licensed as a family home adult foster care facility on 03/22/2023 with the applicant as the licensee. The facility is a ranch style home with a finished basement located within a quiet residential neighborhood consisting primarily of single family homes. The surrounding area is well maintained and provides a safe, stable environment appropriate for residents. Essential community resources, including grocery stores, pharmacies, restaurants, medical offices, churches, parks, and shopping centers, are located within a short driving distance. The facility is approximately 15 minutes from downtown Kalamazoo, 8-10 minutes from downtown Portage, and 10 minutes from the I-94 / US-131 interchange. Parking is available in the driveway and on the residential street, providing adequate access for residents, visitors, and emergency personnel.

Due to the facility's location, the facility is served by public water and sewer utilities, which were inspected by the Bureau of Community Health Systems on 07/01/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The applicant, Ndeye Ndao, owns the property, which was verified through a property tax statement. She submitted a statement giving permission for Licensing and Regulatory Affairs to inspect the property.

The facility has two separate front entrances with one entrance opening into a breezeway/mudroom that accesses the garage, the door to the basement, and the main areas of the home, which is accessible by going up a few steps. The facility's primary means of egress is the front entrance, which opens into the facility's living room. A wheelchair ramp is located off the facility's front door. Through the kitchen is a short hallway where there are three resident bedrooms and a bathroom. This bathroom has a shower/tub combination, sink, toilet, and both a mechanical fan and window for ventilation. The facility's dining room has the secondary means of egress to the facility's back yard, which is enclosed with a non-locking against egress privacy fence. There is a 14' x 22' attached deck off the dining room, which also has the facility's second wheelchair ramp.

The walkout basement consists of the laundry facilities/utility room, a common area, and a room where staff may sleep. The bedroom will only be used by direct care staff. Additionally, the basement will only be utilized by residents if they choose to do their own laundry. There is a door from the basement leading directly to the facility's backyard onto a patio.

The facility's gas water heater and furnace are in the facility's basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware installed at the top of the basement stairs located within the breezeway/mud

room. The gas-powered laundry facilities are also located in the furnace room. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The facility's primary and secondary means of egress are both equipped with wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The furnace and electrical system were inspected on 09/05/2025 and 09/10/2025, respectively, by licensed professionals, 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 back up, which was inspected by a licensed electrician on 06/18/2026 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 has an ADT monitoring system, which alerts the applicant and police if there is a break-in or fire in the facility.

The facility's backyard is surrounded by a privacy fence; however, the applicant 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	9'11"x9'2"	99 sq ft	1
2	10'8"x11'5"	121 sq ft	1
3	12'11"x7'7"	97 sq ft	1

The living, dining, and sitting room areas measure a total of 343 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 **three** (3) 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.

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) male and female ambulatory or non-ambulatory adults whose diagnosis is aged or physically handicapped in the least restrictive environment possible.

The licensee's program is family oriented and focuses on providing guidance with activities of daily living. The program ensures each resident receives optimal physical, psychological, and spiritual care. The licensee promotes activities and outings including local city council meetings, county fair senior days, holiday celebrations and religious or spiritual functions within the city of Kalamazoo and Portage.

The applicant also intends to provide respite care to residents and documented in the program statement that residents requiring respite services would count towards the facility's licensed capacity. The applicant included a statement documenting 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. The applicant documented residents requiring respite services must complete all the 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.

The applicant intends to accept residents from programs or agencies working with the aged populations such as Senior Care Partners, 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. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has income from operating a family home adult foster care license 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 Ndeye Ndao. Ndeye Ndao and administrator, Papa Ndao, both submitted medical clearances with statements from their physicians documenting their good health, dated 07/02/2026 and 04/28/2026, respectively. Papa Ndao also submitted a baseline screening for communicable diseases and records of illness on hiring.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee, Ndeye Ndao, has owned and operated an adult foster care family facility for approximately 2.5 years overseeing financial and administrative operations of the facility. She also has an additional 12 years of direct care staff experience as a certified nurse aid at a senior living and retirement community in Kalamazoo, Michigan. Ndeye Ndao has a master's degree in public administration and over 9 years of experience in community outreach, program management and refugee services. The administrator, Papa Ndao, has approximately two years experience as an assisted living manager at a family adult foster care facility working as a direct care staff providing activities of daily living, administering medication, providing meals, and assessing and providing personal care to aged residents. He also has experience as an emergency medical technician and firefighter in medical emergencies, fire suppression, and search and rescue missions.

The staffing pattern for the original license of this 3 bed facility is adequate and includes a minimum of 1 staff to 3 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 not be awake during sleeping hours.

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 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.

The applicant 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 3).

07/31/2026

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Cathy Cushman Date
Licensing Consultant

Approved By:

07/31/2026

_____

Dawn N. Timm Date
Area Manager