



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

April 14, 2004

Stella Ekwuaju
Gracious Adult Foster Care Inc.
733 Wisconsin St
Lansing, MI 48915

RE: Application #: AS330264641
Gracious AFC Home II, Inc.
720/722 N. Sycamore St
Lansing, MI 48915

Dear Ms. Ekwuaju:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Gregory Rice, Licensing Consultant
Office of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-1681

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS330264641

Applicant Name: Gracious Adult Foster Care Inc.

Applicant Address: 733 Wisconsin St
Lansing, MI 48915

Applicant Telephone #: (517) 485-2130

Administrator/Licensee Designee: Stella Ekwuaju, Designee

Name of Facility: Gracious AFC Home II, Inc.

Facility Address: 720/722 N. Sycamore St
Lansing, MI 48915

Facility Telephone #: (517) 371-2625

Application Date: 02/11/2004

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

02/11/2004 Enrollment

03/25/2004 Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is presently licensed as a 6-bed adult foster care small group home. The licensee is incorporating, which requires a new original license.

The home is a 2-story structure with a full basement. The home used to be a duplex, but was converted to a single dwelling by removing an interior wall. The home has 2 separate basements each with a furnace and hot water heater. The home is located in a single-family residential area in Lansing, MI.

The home has 4 resident bedrooms, one staff bedroom, one and a half bathrooms, a kitchen, a large dining room and a living room. There also is another kitchen, one and a half bathrooms and 3 bedrooms that are not going to be used.

The home has a large covered porch and a large deck in the back.

The home has a fenced back yard.

The rooms have the following area:

North Side

Dining room 12-5 X 10-6 – 130 sq. ft.

Living room 15 X 15-3 – 229 sq. ft.

Second floor

West bedroom 12-2 X 12 – 146 sq. ft. for 2 residents.

North bedroom 8-10 X 10-4- 86 sq. ft. for 1 resident.

South Side

Southwest bedroom 10-2 X 13-4-135 sq. ft. for 2 residents

Southeast bedroom 9 x 8-9 & 6 x 5 – 109 sq. ft. for 1 resident .

The applicant has requested a license for 6 residents, and the square footage can accommodate 6 residents.

The home has city water and sewer and is in compliance with environmental health rules.

The home is in compliance with fire safety rules.

Stella Ekwuaju owns the home.

B. Program Description

1. Administrative structure and capability

Gracious Adult Foster Care Inc, a profit corporation, is the applicant for the Gracious AFC Home II. The corporation has named Stella Ekwuaju as the licensee designee and administrator.

Stella Ekwuaju has submitted Articles of Incorporation, List of Board of Directors, Organizational Chart, Financial Statement and Annual Budget.

Ms. Ekwuaju will employ a live in staff person to provide resident care.

2. Qualifications and competencies

The department has received an acceptable record clearance, medical certification and TB test results on Stella Ekwuaju.

Ms. Ekwuaju is a registered nurse and is the licensee on 2 other adult foster care homes located in Lansing, MI. Ms. Ekwuaju has provided adult foster care for the past 5 years.

Stella Ekwuaju has met the requirements for licensee designee and administrator.

3. Program Information

The program statement indicates that the home will provide adult foster care to mentally ill, developmentally disabled and elderly adults. The home will provide help with the activities of daily living, personal care and supervision of medications. The program statement indicates that the home will encourage residents to participate in day program and other therapy and activities prescribed by their caseworkers and community mental health.

Since the home is currently licensed to Stella Ekwuaju as an individual licensee, there are 6 adults living in the home. Clinton, Eaton, Ingham Community Mental Health placed all of the residents. The licensing consultant reviewed resident records, and they were complete and up to date.

The home will admit men and women, and will accept residents who smoke. The home will admit private pay and public pay residents. The home cannot admit residents with wheel chairs.

Ms. Ekwuaju indicated that emergency medical treatment would be provided at Sparrow Hospital and Ingham Regional Medical Center.

C. Rule/Statutory Violations

There were no violations.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home (capacity 1-6).

Gregory Rice
Licensing Consultant

Date

Approved By:

Betsy Montgomery
Area Manager

Date