

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



January 27, 2005

Stella Ekwuaju Gracious Adult Foster Care Inc. 2120 Cawdor Court Lansing, MI 48917

> RE: Application #: AS330272443 Gracious AFC I Inc. 733 Wisconsin Ave. 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) 241-2488.

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 #:	AS330272443
Applicant Name:	Gracious Adult Foster Care Inc.
Applicant Address:	2120 Cawdor Court Lansing, MI 48917
Applicant Telephone #:	(517) 485-2130
Administrator/Licensee Designee:	Stella Ekwuaju, Designee
Name of Facility:	Gracious AFC I Inc.
Facility Address:	733 Wisconsin Ave. Lansing, MI 48915
Facility Telephone #:	(517) 485-0989
Application Date:	12/10/2004
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/10/2004 En	ollment
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01/20/2005 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 basement contains 2 furnaces and a hot water heater. The first floor of the home has a living room, a dining room, a kitchen, a full bathroom, an area for the washer and dryer, 2 double occupancy resident bedrooms and 1 single occupancy resident bedroom. There also is a covered front porch. The second floor includes a full bathroom, 1 single occupancy resident bedroom, and the live in manager's bedroom. The home is located in a residential area on the north side of Lansing.

The rooms have the following area:

First floor

Dining room 13-6 x 12 – 162 sq. ft. Living room 9-5 X 22 – 207 sq. ft. NE resident bedroom 12-6 x 12-6 – 156 sq. ft. (2 residents) N resident bedroom 9-6 x 10-3 – 97 sq. ft. (1 resident) W resident bedroom 12 x 12 – 144 sq. ft. (2 residents)

Second floor

N resident bedroom 10-6 x 10-6 –110 sq. ft. (1 resident)

The home is licensed for 6 residents.

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

The home has an interconnected smoke detection system and 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 I home. The corporation has named Stella Ekwuaju as the licensee designee and administrator.

Stella Ekwuaju has submitted articles of incorporation, a list of board of directors, an organizational chart and an 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 for 2 other adult foster care homes located in Lansing. Ms. Ekwuaju has provided adult foster care for the past 6 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 and developmentally disabled 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. The program statement indicates that the home will provide transportation to local routine medical appointments if family and case managers cannot provide the transportation.

Since the home is currently licensed to Stella Ekwuaju as an individual licensee, there are 3 men and 3 women living in the home. Clinton, Eaton, Ingham Community Mental Health provides case management to 5 of the adults, and Ingham County FIA case manages 1 adult. 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 wheelchairs.

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

C. Rule/Statutory Violations

There were no rule 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:

Kathleen S. Sinnamon Area Manager Date