



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

March 12, 2008

Anna Masambaji  
2109 Walmar Estate Drive  
Lansing, MI 48917

RE: Application #: AS230292716  
Sunshine AFC Home  
4041 Rivershell  
Lansing, MI 48911

Dear Mrs. Masambaji:

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 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) 241-2585.

Sincerely,

Mary E Holton, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909-8150  
(517) 241-9513

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS230292716

**Applicant Name:** Anna Masambaji

**Applicant Address:** 2109 Walmar Estate Drive  
Lansing, MI 48917

**Applicant Telephone #:** (517) 980-1925

**Administrator/Licensee Designee:** Anna Masambaji

**Name of Facility:** Sunshine AFC Home

**Facility Address:** 4041 Rivershell  
Lansing, MI 48911

**Facility Telephone #:** (517) 708-8484

**Application Date:** 09/19/2007

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

09/19/2007	Enrollment
09/21/2007	Contact - Telephone call made re: maiden name for clearance
10/11/2007	Application Incomplete Letter Sent
01/16/2008	Inspection Completed On-site
01/16/2008	Inspection Completed-BFS Sub. Compliance
01/25/2008	Confirming letter sent
02/15/2008	Document received from Ms. Masambaji.
02/19/2008	Inspection Completed –BFS Sub. Compliance
02/26/2008	Confirming letter sent
02/28/2008	Documents received from Ms. Masambaji.
02/28/2008	Contact – Telephone call received Scheduled follow-up inspection with Ms. Masambaji.
02/12/2008	Inspection completed - Full Compliance
02/26/2008	Confirming letter sent
02/28/2008	Contact – Document Received Document received from Ms. Masambaji.
03/12/2008	Application Complete/Onsite Needed
03/12/2008	Inspection Complete-Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental:

The facility is a two-story brick and vinyl home located in the city of Lansing. The facility has a paved driveway with a two car attached garage. The facility has a living room, dining room, kitchen, family room, four bedrooms and one and a half bathrooms.

The front door opens to a foyer area and the living room (201 sq. ft.). The living room connects to the kitchen and dining room. The dining room (107 sq. ft.) leads to the family room (160 sq. ft.). The family room has two sliding glass doors that are a second and third means of egress out of the facility and lead to the back yard.

The foyer area also leads to the upstairs stairway that connects to four bedrooms and a full bathroom.

The four residents' bedrooms measured as follows:

Southeast Bedroom	11' X 9' = 99 sq. ft.	(1 Residents)
Northeast Bedroom	11' X 8'6" = 93 sq. ft.	(1 Resident)
Southwest Bedroom	10' X 10'9" = 107.5 sq. ft.	(1 Resident)
Northwest Bedroom	14'4" X 11'1' = 159 sq. ft.	(2 Residents)

The facility has a separate heat plant enclosure that is located in the basement. There is a self-closing fire door separating the heat plant from the rest of the basement. The heat plant consists of a forced air furnace operating on natural gas. The furnace was inspected and approved by a licensed contractor on 1/18/08.

The home has one hot water heater located in the basement of the facility.

Ms. Masambaji has submitted a statement that the fireplace will not be utilized at this facility.

Ms. Masambaji is the owner and operator of this facility. A copy of the deed is in the file.

## 2. Sanitation:

The facility has a public water and septic system. Waste removal will occur on a weekly basis.

## 3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The furnace is located in the basement in a heat plant. The smoke detector system was inspected and approved by a licensed contractor on 1/18/08. There are fire extinguishers located on each floor.

## **B. Program Description**

### 1. Administrative structure and capability:

Anna Masambaji is the licensee and administrator for this facility. Ms. Masambaji provided verification she has at least one year of experience working with mentally ill, developmentally disabled, and aged adults. Ms. Masambaji has submitted a copy of her high school diploma and verification she has successfully completed the required training.

### 2. Program information:

According to the program statement, the facility will admit men and women of the age 18 and over that are developmentally disabled, mentally ill and/or aged.

This facility is not wheelchair accessible.

### 3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by the consultant and are found to be in compliance.

The Licensing Medical Clearance Request form indicated Ms. Masambaji is physically and mentally able to work with vulnerable adults and completed a TB test with the result of negative. Ms. Masambaji has assured that staff working in this facility will be of good health by obtaining a TB test and a physical prior to employment and by annual statements that they continue to be in good health.

Emergency plans for medical emergencies, fire, facility repairs and severe weather have been reviewed and found to be acceptable.

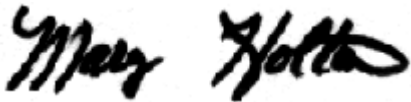
Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

## **C. Rule/Statutory Violations**

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC small group home with a capacity of 5 residents.



3/12/2008

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Mary E Holton  
Licensing Consultant

Date

Approved By:



3/12/08

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Betsy Montgomery  
Area Manager

Date