



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

March 27, 2009

Thomas Ongwela  
Golden Care, LLC  
2901 Ashbury St.  
Kalamazoo, MI 49048

RE: Application #: AS390299649  
Spring Valley Asst. Liv. Home  
735 Academy St.  
Kalamazoo, MI 49007

Dear Mr. Ongwela:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5028

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS390299649

**Applicant Name:** Golden Care, LLC

**Applicant Address:** 2901 Ashbury St.  
Kalamazoo, MI 49048

**Applicant Telephone #:** (269) 341-4263

**Administrator/Licensee Designee:** Thomas Ongwela, Designee

**Name of Facility:** Spring Valley Asst. Living Home

**Facility Address:** 735 Academy St.  
Kalamazoo, MI 49007

**Facility Telephone #:** (269) 342-1864  
12/26/2008

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/26/2008	Enrollment
01/02/2009	Application Incomplete Letter Sent re: record. clearance for Thomas Ongwela
02/02/2009	Contact - Document Received 1326 for Thomas
02/18/2009	Application Complete/On-site Needed
02/18/2009	File Transferred To Field Office Kalamazoo
02/20/2009	Application Incomplete Letter Sent
03/11/2009	Inspection Completed On-site
03/25/2009	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a three story older home located within the city of Kalamazoo. The building also has a basement which can only be accessed from the outside of the house. Residents will not occupy either the basement or the third story of the house.

The neighborhood is urban with a mixture of business and rental properties. The home is located within walking distance of downtown, public transportation, and many services.

This home does not have two ramps so it is not wheelchair accessible. Some bedrooms are located on the first floor and the shower on the first floor is handicapped accessible.

The first floor of this home includes a living room with 208 square feet and a dining room of 252 square feet. The first floor also includes a kitchen with an exit to a deck, and a full bathroom with a shower.

The first floor contains three bedrooms. Bedroom #1 contains 196 square feet, bedroom #2 contains 179 square feet, and bedroom #3 contains 121 square feet. All area furnished with queen sized beds and dressers. While bedrooms #1 and #2 have sufficient space for two residents, all bedrooms are planned for single occupants.

The second floor contains a common living area of 175 square feet, a full bathroom, and a laundry room as well as three bedrooms. Bedroom #4 contains 187 square feet,

bedroom #5 has 133 square feet, and bedroom #6 has 151 square feet. They are furnished identically to the downstairs bedrooms and are intended for single occupancy, although all three bedrooms have sufficient space for two.

The bathroom on the second floor contains a tub/shower combination.

A stairway leads from the second floor to the third floor. Residents may not be housed above the second floor. The third floor contains an apartment that will be occupied solely by live in employees.

The licensing rule requires 35 square feet of living space per occupant. With eight occupants (including two live in employees) this facility requires 280 square feet of living space. This is more than adequately met by the living rooms on the first and second floors and the dining room.

This home is on public water and sewage disposal systems.

This home has undergone extensive renovation and has had the appropriate inspections and permits from the City of Kalamazoo Code Administration Division.

The home is heated by two furnaces located in the basement. The furnaces were cleaned and inspected on March 23, 2009 and found to be in good working order.

A smoke detection system which is powered from the electrical system and interconnected has been installed. The system was tested and found to be functioning during the March 11, 2009 on-site inspection.

Ceiling tiles have been installed. The applicant has provided documentation that the ceiling tiles meet the rule required Class C rating. Fire places in the facility will not be used.

The applicant has a fire extinguisher on each of the four levels of the home as required by rule.

## **B. Program Description**

The applicant has indicated a willingness to accept both male and female residents. While the applicant indicates a willingness to accept the mentally ill and developmentally disabled as well as the aged, physically handicapped and traumatically brain injured, it should be noted that the facility is not wheel chair accessible.

The applicant intends to apply for special certification to accept individuals under contract with community mental health.

The licensee is Golden Homes LLC, a limited liability corporation formed in 2005. Golden Homes LLC has another adult foster care home in Kalamazoo County. The LLC

is in good standing with the Department of Energy, Labor and Economic Growth.

The LLC has submitted budget information demonstrating the financial capability and stability to operate an additional adult foster care group home.

The LLC has identified Thomas Ongwela as the licensee designee and the administrator. He has provided documentation that he meets the qualifications for administrator. He also has provided the required evidence of good moral character and physical capability to perform these duties, including evidence that he is free of communicable tuberculosis.

The applicant intends to have one staff person on duty for six residents at all times. This will be accomplished primarily by two live in staff. Staff will not be awake at night but will be available if needed by residents. The applicant is aware of training requirements for employees.

The applicant has operated other adult foster care homes and is aware of record keeping requirements. The applicant submitted policies for review, including admission and program statements, discharge and refund policies and personnel policies.

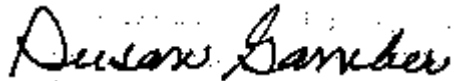
The applicant is aware of the statutory requirement for fingerprinting individuals who are hired or contracted to provide direct services to residents.

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

The applicant was found to be in full compliance with administrative rules for adult foster care small group homes on March 25, 2009. Quality of care rules will be evaluated further during the temporary license period when residents are in care.

## **IV. RECOMMENDATION**

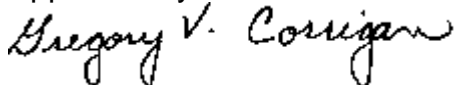
It is recommended that a temporary license be issued for six residents. The term of the license will be for a six month period from the date of issuance.



Susan Gamber  
Licensing Consultant

March 27, 2009  
Date

Approved By:



Gregory V. Corrigan  
Area Manager

March 27, 2009  
Date