



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 3, 2024

Kennedy Mwanda
KM Milham Care LLC
3320 W MILHAM AVE
PORTAGE, MI 49024

RE: License #: AS390410848
KM MILHAM CARE
3320 W MILHAM AVE
PORTAGE, MI 49024

Dear Kennedy Mwanda:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and specialized certification for the developmentally disabled and mentally ill are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "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

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS390410848
Licensee Name:	KM Milham Care LLC
Licensee Address:	3320 W MILHAM AVE PORTAGE, MI 49024
Licensee Telephone #:	(269) 743-7182
Licensee Designee:	Kennedy Mwanda
Administrator:	Kennedy Mwanda
Name of Facility:	KM MILHAM CARE
Facility Address:	3320 W MILHAM AVE PORTAGE, MI 49024
Facility Telephone #:	(269) 743-7182
Original Issuance Date:	07/05/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspections: 12/13/2023 and 01/04/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Inspections did not take place during a meal time; however, food was observed in the facility.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Interim CAP dated 12/21/2023 - R 803(3), R 803(6), R 204(d)(e)(f)(g), R 208(f), R 301(4), R 313(3) and R 315(3)(8) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and specialized certification.



01/03/2024

Cathy Cushman
Licensing Consultant

Date