



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 17, 2024

Damaris Ndolo
Delight Care LLC
1687 Sunnyslane ST SE
Grand Rapids, MI 49508

RE: License #: AS410418507
Delight Care AFC
1687 Sunnyslane St. SE
GRAND RAPIDS, MI 49508

Dear Mr. Ndolo:

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 special certification 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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #:	AS410418507
Licensee Name:	Delight Care LLC
Licensee Address:	1687 SUNNYLANE ST SE GRAND RAPIDS, MI 49508
Licensee Telephone #:	(616) 334-9782
Licensee/Licensee Designee:	Damaris Ndolo
Administrator:	Damaris Ndolo
Name of Facility:	Delight Care AFC
Facility Address:	1687 Sunnyslane St.SE GRAND RAPIDS, MI 49508
Facility Telephone #:	(616) 334-9782
Original Issuance Date:	06/24/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/13/2024

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 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- 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.
- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 12/13/2024, an onsite inspection was completed at the facility. An exit conference was conducted, and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 5).

Megan Aukerman, MSW

12/17/2024

Megan Aukerman
Licensing Consultant

Date