



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 3, 2025

Heaven Amandou and Malik Amandou
1060 44th Street SE
KENTWOOD, MI 49508

RE: Application #: AF410418760
Live Laugh Love Home Care
1060 44th Street SE
Kentwood, MI 49508

Dear Heaven Amandou and Malik Amandou:

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 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF410418760

Licensee Name: Heaven Amandou and Malik Amandou

Licensee Address: 1060 44th Street SE
KENTWOOD, MI 49508

Licensee Telephone #: (616) 589-9250

Name of Facility: Live Laugh Love Home Care

Facility Address: 1060 44th Street SE
Kentwood, MI 49508

Facility Telephone #: (616) 589-9250

Application Date: 08/21/2024

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS

II. METHODOLOGY

08/21/2024	On-Line Enrollment
08/22/2024	PSOR on Address Completed
08/22/2024	Contact - Document Sent forms sent
08/28/2024	Contact - Document Received 1326/RI030, AFC100
08/29/2024	File Transferred To Field Office
08/29/2024	Application Incomplete Letter Sent
09/23/2024	Contact- Document Received Application Incomplete items received
10/15/2024	Contact- Document Received Application Incomplete items received
10/21/2024	Application Complete/On-site Needed
10/21/2024	Inspection Completed On-site Physical plant corrections needed
11/21/2024	Contact- Document Received Update on physical plant corrections
01/16/2025	Inspection Completed On-site Physical plant correction needed
01/18/2025	Contact- Document Received Photo of self-closing fire door mechanism, confirming full physical plant compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Live Laugh Love Home Care is a single-story ranch located in a suburban neighborhood in Kentwood, MI directly off 44th Street. Upon entering the home is the upstairs living area which leads to the kitchen on the right, and a hallway leading to Ms. Amandou and Mr. Amandou's private bedrooms and bathroom.

Through the kitchen of the home, you will find a stairway that leads to the basement of the home which is the resident living area. There is a dining area, office, full bathroom,

one private resident bedroom, one semi-private resident bedroom, and the home's heat plant. Resident bedrooms have egress windows to allow for exiting in case of an emergency.

An on-site inspection verified the home complies all applicable environmental health administrative licensing rules. The home utilizes the public water and sewer system.

An on-site inspection verified the home was in substantial compliance with rules pertaining to fire safety. The home is equipped with single station smoke detectors on each floor of the home near sleeping areas and in the basement near heat producing equipment. Fire extinguishers were located on each floor of the home.

The home's gas-fired furnace and hot water heater are in the basement. A 1 ¾-inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the entrance of the heat plant in the home.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11" X 12'10"	140	2
2	9'1" X 11'	100	1

The dining area in the resident section of the home measures a total of 110 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to three ambulatory residents, who are diagnosed as developmentally disabled, mentally ill, physically handicapped, or as having Alzheimer's disease. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept private-pay individuals, as well as individuals who are referred by DHHS and local agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local

community resources including the public events, restaurants, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident. The applicant intends provide transportation as specified in the resident's Resident Care Agreement.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed for applicants Heaven Amandou and Malik Amandou, as well as their responsible persons. All individuals were found to be of good moral character. All individuals submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide relief supervision as needed.

The applicants have indicated that for the original license of this three bed family home, there is adequate supervision with one responsible person on-site per three residents.

The applicant acknowledges that the number of responsible persons on-site per the resident ratio could change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication

will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible persons, and volunteers.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and

accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicants were in compliance with the licensing act and applicable administrative licensing rules pertaining to physical plant at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary AFC family home license with the capacity of three.

Cassandra Duursma

01/24/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/03/2025

Jerry Hendrick
Area Manager

Date