



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 20, 2025

Beata Mpesha  
ADIA LLC  
3475 Crystal River Street  
Wyoming, MI 49418

RE: License #: AS410414579  
**Adia AFC**  
**3981 Wedgewood Dr SW**  
**Wyoming, MI 49519**

Dear Ms. Mpesha:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410414579
<b>Licensee Name:</b>	ADIA LLC
<b>Licensee Address:</b>	3475 Crystal River Street Wyoming, MI 49418
<b>Licensee Telephone #:</b>	(616) 856-0163
<b>Licensee/Licensee Designee:</b>	Beata Mpesha, Designee
<b>Administrator:</b>	Beata Mpesha, Administrator
<b>Name of Facility:</b>	Adia AFC
<b>Facility Address:</b>	3981 Wedgewood Dr SW Wyoming, MI 49519
<b>Facility Telephone #:</b>	(616) 856-0163
<b>Original Issuance Date:</b>	12/12/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/15/2025  
Date of Bureau of Fire Services Inspection if applicable: 05/15/2025  
Date of Environmental/Health Inspection if applicable: 05/15/2025  
No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 3  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Medications passed prior to inspection.
- 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**

This facility was determined to be in substantial compliance with rules and requirements. *Exit Conference completed onsite with licensee designee 05/15/2025.*

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



05/20/2025

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Toya Zylstra  
Licensing Consultant

Date