



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2025

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

RE: Application #: AS410419460
Enlight AFC
2256 Stowe Valley Drive SE
Kentwood, MI 49508

Dear Damaris Ndolo:

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 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) 356-0100.

Sincerely,

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

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
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 #:	AS410419460
Licensee Name:	Delight Care LLC
Licensee Address:	1687 Sunnyslane Street SE Grand Rapids, MI 49508
Licensee Telephone #:	(616) 334-9782
Licensee Designee:	Damaris Ndolo
Administrator:	Jackson Moses
Name of Facility:	Enlight AFC
Facility Address:	2256 Stowevalley Drive SE Kentwood, MI 49508
Facility Telephone #:	(616) 334-9782
Application Date:	04/23/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/23/2025	On-Line Enrollment
04/24/2025	PSOR on Address Completed
04/24/2025	Contact - Document Sent forms sent
04/30/2025	Contact - Document Received
04/30/2025	File Transferred To Field Office
05/01/2025	Application Incomplete Letter Sent
05/20/2025	Application Incomplete Letter Sent
05/30/2025	Application Incomplete Letter Sent
06/09/2025	Application Incomplete Letter Sent
06/10/2025	Application Complete/On-site Needed
06/12/2025	Inspection Completed On-site
06/12/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Enlight AFC is a two-story traditional style home located in a suburb of Grand Rapids, MI. The main level of the home consists of a large living room, sitting room, dining room, kitchen, a communal half bathroom with a toilet and sink, a second communal half bathroom with a shower and sink, and one semi-private resident bedroom.

The second level of the home consists of four private resident bedrooms. Bedroom 4 on this report includes a private, full bathroom. There is a communal, full bathroom located on the second story as well.

The basement houses the gas water heater and furnace and open storage areas. There is a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs to the basement. The basement will not be utilized by residents. The home is not wheelchair accessible at the time of licensure.

The home is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The home uses public water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'3" x 11' 3"	172	2
2	14'6" x 10'1"	146	1
3	11'10" x 10	118	1
4	11'5" x 10'5"	119	1
5	11'3" x 17'1"	192	1

The living, sitting, and dining room areas measure a total of 464 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 home can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from private pay, community mental health, and Michigan Department of Health and Human Service referral sources.

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, and the responsible agency.

The licensee will assure the availability of transportation as specified in the resident's care agreement. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including local museums, community centers, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Delight Care, LLC which is a domestic limited liability company established on 05/20/2024. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Delight Care, LLC has submitted documentation appointing Damaris Ndolo as licensee designee and Jackson Moses as administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They have numerous years of experience as direct care workers at licensed adult foster care homes and have been operating their own adult foster care home, in good standing, for nearly a year.

The staffing pattern for the original license of this 6 - bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours. The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged 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 applicant acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. 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 applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed

prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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, 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 of the documents that are 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 of 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.


The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



06/13/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



06/13/2025

Jerry Hendrick
Area Manager

Date