



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 6, 2025

Aimante Kinoro Serugo  
Aimante Family Assistance LLC  
345 Alewa Dr Nw  
Grand Rapids, MI 49504

RE: License #: AS410418633  
**Aimante AFC 2**  
**6255 S Lenter Ct**  
**Caledonia, MI 49316**

Dear Ms. Kinoro Serugo:

Attached is the Licensing Study Report for the above referenced facility. The study has Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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>	AS410418633
<b>Licensee Name:</b>	Aimante Family Assistance LLC
<b>Licensee Address:</b>	345 Alewa Dr Nw GRAND RAPIDS, MI 49504
<b>Licensee Telephone #:</b>	(616) 954-5568
<b>Licensee/Licensee Designee:</b>	Aimante Kinoro Serugo, Designee
<b>Administrator:</b>	Aimante Kinoro
<b>Name of Facility:</b>	Aimante AFC 2
<b>Facility Address:</b>	6255 S Lenter Ct Caledonia, MI 49316
<b>Facility Telephone #:</b>	(616) 954-5568
<b>Original Issuance Date:</b>	02/04/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2025

Date of Bureau of Fire Services Inspection if applicable: 07/29/2025

Date of Health Authority Inspection if applicable: 07/29/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Resident was asleep during 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.  
Resident was asleep during inspection.
- 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.

This facility was found to be in non-compliance with the following rules:

**R 400.14509**

**Means of egress; wheelchairs.**

**(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.**

**Finding:** On 07/29/2025 an onsite renewal inspection was completed with Licensee Designee Aimante Kinoro. Ms. Kinoro stated that Resident A was admitted to the facility on 07/09/2025 and is diagnosed with medical complexities which include Lennox-Gastaut Syndrome/Breakthrough seizures, lissencephaly, autism, and tube feedings. Ms. Aimante stated that Resident A exclusively requires the assistance of a wheelchair for mobility. Ms. Kinoro stated that Resident A's bedroom is located in the lower walkout level of the facility and only contains one approved means of egress. Resident A was present for the inspection and was observed to be asleep in her bedroom located on the lower level. I observed that the facility only contained one approved means of egress on the lower level.

**Exit Conference:** On 07/29/2025, Ms. Kinoro stated that she did not dispute the violation and would submit an acceptable Corrective Action Plan that would include issuing a discharge notice to Resident A's legal guardian.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



08/06/2025

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Toya Zylstra  
Licensing Consultant

Date