



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 30, 2025

Claude Ruvugwa  
OBEDI FAMILY AFC LLC  
870 Springwood Dr Se  
Kentwood, MI 49509

RE: License #: AS410418965  
**OBEDI FAMILY AFC**  
**3036 Perry Ave Sw**  
**Wyoming, MI 49519**

Dear Mr. Ruvugwa:

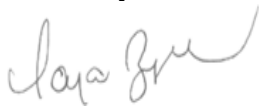
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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>	AS410418965
<b>Licensee Name:</b>	OBEDI FAMILY AFC LLC
<b>Licensee Address:</b>	870 Springwood Dr Se Kentwood, MI 49509
<b>Licensee Telephone #:</b>	(616) 540-3193
<b>Licensee/Licensee Designee:</b>	Claude Ruvugwa, Designee
<b>Administrator:</b>	Claude Ruvugwa
<b>Name of Facility:</b>	OBEDI FAMILY AFC
<b>Facility Address:</b>	3036 Perry Ave Sw Wyoming, MI 49519
<b>Facility Telephone #:</b>	(616) 540-3193
<b>Original Issuance Date:</b>	02/06/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2025

Date of Bureau of Fire Services Inspection if applicable: 07/30/2025

Date of Health Authority Inspection if applicable: 07/30/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents are in care.
- 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.

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

**MCL 400.717      Provisional license**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

**Finding: The facility was issued a temporary license on 02/06/2025. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care.**

**Exit Conference: Licensee Claude Ruvugwa was informed that a provisional licensee would be issued on 07/30/2025. Claude Ruvugwa stated that he understood the reasons for a provisional license and plans on contacting outside agencies for placement. Claude Ruvugwa stated that he accepted the issuance of a Provisional License.**

A corrective action plan was requested and approved on 07/30/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.



07/30/2025

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Toya Zylstra  
Licensing Consultant

Date