



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 27, 2025

Edwin Moranga
IMARA LLC
3475 Crystal River St SW
Wyoming, MI 49418

RE: Application #: AS410419551
IMARA AFC
5518 Stowehill Dr. SE
Kentwood, MI 49508

Dear Edwin Moranga:

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 #:	AS410419551
Applicant Name:	IMARA LLC
Applicant Address:	3475 Crystal River St SW Wyoming, MI 49418
Applicant Telephone #:	(616) 856-0163
Administrator:	Edwin Moranga
Licensee Designee:	Edwin Moranga
Name of Facility:	IMARA AFC
Facility Address:	5518 Stowehill Dr. SE Kentwood, MI 49508
Facility Telephone #:	(612) 245-8951
Application Date:	05/15/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/15/2025	Enrollment
05/15/2025	Application Incomplete Letter Sent
05/15/2025	PSOR on Address Completed
05/22/2025	Contact - Document Received
05/22/2025	File Transferred To Field Office
05/23/2025	Application Incomplete Letter Sent
06/09/2025	Application Incomplete Letter Sent Corrections and additional docs needed.
07/23/2025	Application Complete On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Imara AFC is a two-story home, modern home located in the Princeton Estates neighborhood in Kentwood, MI. Upon entering the front door, there is a stairway to the upper level that leads to a spacious sitting room, living room, and dining room. Through the dining room is the kitchen, a communal half bathroom, a pantry, and an exit door to the garage. Through the living room is a hallway that leads to a communal full bathroom, two private resident bedrooms, and one shared resident bedroom with an attached, private, full bathroom.

Off the upper level, there is a stairway that leads to the lower, walkout level of the home. The lower level includes a spacious living room, two private resident bedrooms, one communal full bathroom, a laundry and storage room, and the enclosed heat plant.

Due to stair access being required to enter the home and to access the upper and lower levels of the home, the home is not wheelchair accessible. The home utilizes public water and sewage systems.

The gas-powered furnace and water heater are in an enclosed heat plant room that is constructed of materials that provide a 1-hour fire resistance rating. The heat plant has a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. There is also a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware located at the bottom of the steps to the lower level which provides floor separation.

The home is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'5" x 10'11"	114	1
2	14' x 15'5"	216	2
3	11'1" x 10'5"	115	1
4	11'4" x 11'2"	127	1
5	14'10" x 11'	163	1

The upper-level living room alone measures a total of 494 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 **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 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 HealthWest, Pathways, Community Mental Health of Ottawa County, OnPoint, and private pay individuals.

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 provide all transportation for program and medical needs. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public parks, trails, shopping centers, movie theaters, bowling alleys, local volunteer opportunities, and local friendship groups.

C. Applicant and Administrator Qualifications

The applicant is IMARA, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 11/18/2024. 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 members of IMARA, L.L.C. have submitted documentation appointing Edwin Moranga as Licensee Designee for this facility and Edwin Moranga as the Administrator of the home.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee 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.

The staffing pattern for the original license of this 6-bed home is adequate and includes a minimum of 1 staff –to- 6 residents per 12-hour 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 acknowledges 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 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 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 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.

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

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).



08/26/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



08/26/2025

Jerry Hendrick
Area Manager

Date