



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 18, 2025

Calvin Matheka
Amani LLC
1946 Andrew St Se
Kentwood, MI 49508

RE: License #: AS410406351
Amani AFC
4797 Millhaven Dr Se
Kentwood, MI 49548

Dear Mr. Matheka:

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

License #:	AS410406351
Licensee Name:	Amani LLC
Licensee Address:	1946 Andrew St Se Kentwood, MI 49508
Licensee Telephone #:	(616) 594-6924
Licensee/Licensee Designee:	Calvin Matheka, Designee
Administrator:	Calvin Matheka
Name of Facility:	Amani AFC
Facility Address:	4797 Millhaven Dr Se Kentwood, MI 49548
Facility Telephone #:	(616) 594-6924
Original Issuance Date:	02/11/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED
Certified Programs:	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 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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 5/15/25 w C. Matheka.*

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



08/18/2025

Toya Zylstra
Licensing Consultant

Date