



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2025

Chantal Mutamuriza  
Hope And Care AFC LLC  
27040 Cranford Lane  
Dearborn Heights, MI 48127

RE: License #: AS410418435  
**Hope And Care AFC LLC**  
**6451 Hartman DR SE**  
**Caledonia, MI 49316**

Dear Ms. Mutamuriza:

Attached is the Licensing Study Report for the above referenced facility. 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,

*Arlene B. Smith*

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS410418435

**Licensee Name:** Hope And Care AFC LLC

**Licensee Address:** 6451 Hartman Dr SE  
Caledonia, MI 49316

**Licensee Telephone #:** (616) 279-4893

**Licensee/Licensee Designee:** Chantal Mutamuriza, Designee

**Administrator:** Chantal Mutamuriza

**Name of Facility:** Hope And Care AFC LLC

**Facility Address:** 6451 Hartman DR SE  
Caledonia, MI 49316

**Facility Telephone #:** (616) 279-4893

**Original Issuance Date:** 04/16/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/08/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There are no residents admitted to the home.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There are no residents admitted to the home.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. There are no residents admitted to the home.
- Meal preparation / service observed? Yes  No  If no, explain.  
There were no residents admitted to the home.
- Fire drills reviewed? Yes  No  If no, explain.  
There were no residents admitted to the home.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
There were no residents admitted to the home.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
There were no residents admitted to the home.
- Incident report follow-up? Yes  No  If no, explain.  
There were no residents admitted the home.
- 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 non-compliance with rules and requirements because there were no residents admitted to the home.

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.**

**FINDINGS:** The home was issued a temporary license on 04/16/2025. Upon inspection on 10/08/2025, there were not any residents admitted to the home; therefore, I was unable to determine compliance with quality of care at the home.

**EXIT CONFERENCE:** Licensee Designee, Chantal Mutamuriza was informed that a provisional license would be issued. She stated she understood the reasons for a provisional license.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Arlene B. Smith*

10/17/2025

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Arlene B. Smith  
Licensing Consultant

Date