



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

Murondanyi, Espoir and Bienvenue, Nundu
6394 Dew Pointe CT SE
Caledonia, MI 49316

RE: License #: AS410418850
Imuhira Group Home
6394 Dew Pointe Ct SE
Caledonia, MI 49316

Dear Murondanyi, Espoir & Bienvenue, Nundu:

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,

Megan Leavitt, LMSW

Megan Leavitt, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor, 350 Ottawa, N.W., Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AS410418850

Licensee Name: Murondanyi, Espoir and Bienvenue, Nundu

Licensee Address: 6394 Dew Pointe CT SE
CALEDONIA, MI 49316

Licensee Telephone #: (616) 930-1292

Licensee/Licensee Designee: Espoir Murondanyi

Administrator: Nundu Bienvenue

Name of Facility: Imuhira Group Home

Facility Address: 6394 Dew Pointe Ct SE
Caledonia, MI 49316

Facility Telephone #: (616) 930-1292

Original Issuance Date: 09/22/2025

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2026

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 2
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
There are no residents in care.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
There are no residents in care.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. There are no residents in care.
- Meal preparation / service observed? Yes No If no, explain.
There are no residents in care.
- Fire drills reviewed? Yes No If no, explain.
There are no residents in care.
- 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.
There are no residents in care.
- 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 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 09/22/2025. 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 Espoir Murondanyi was informed that a provisional licensee would be issued on 03/03/2025. Espoir Murondanyi stated that he understood the reasons for a provisional license and plans on contacting outside agencies for placement. He also stated that he accepted the issuance of a Provisional License.

A corrective action plan was requested and approved on 03/03/2026. 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; therefore, issuance of a provisional license is recommended.

Megan Leavitt, LMSW 3/3/2026

Megan Leavitt Date
Licensing Consultant

Reviewed By:



3/3/2026

Jerry Hendrick Date
Area Manager