GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 27, 2026

The Abode of Care LLC
Attn: Joseph Abner
3812 Timberlake Ct SE
Kentwood, MI 49512

RE: Application #: AS410420073
The Abode of Care
4617 Brookmeadow Dr SE
Kentwood, MI 49512

Dear Joseph Abner:

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 four 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,

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 #:	AS410420073
Licensee Name:	The Abode of Care LLC
Licensee Address:	3812 Timberlake Ct SE Kentwood, MI 49512
Licensee Telephone #:	(616) 419-7955
Administrator:	Esperance Queen Marora
Licensee Designee:	Joseph Abner
Name of Facility:	The Abode of Care
Facility Address:	4617 Brookmeadow Dr SE Kentwood, MI 49512
Facility Telephone #:	(616) 719-9493
Application Date:	11/15/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMER'S

II. METHODOLOGY

11/15/2025	On-Line Enrollment
11/17/2025	PSOR on Address Completed
11/17/2025	Contact - Document Sent forms sent
12/03/2025	Contact - Document Received
12/03/2025	File Transferred To Field Office
12/10/2025	Application Incomplete Letter Sent
12/26/2025	Application Incomplete Letter Sent Corrections/Items Needed- App Letter Updated on SharePoint
01/02/2026	Application Incomplete Letter Sent Updated
03/26/2026	Application Incomplete Letter Sent Physical Plant Corrections
04/15/2026	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Abode of Care adult foster care home is located in a residential neighborhood off 44th Street, east of Walma Ave SE, in Kentwood, MI. There are numerous shopping areas, restaurants, and community resources within two miles of the home. The home utilizes public water and sewage. The home is owned by the administrator, Esperance Queen Marora as confirmed by warranty deed. Ms. Marora has given permission for Licensing and Regulatory Affairs to inspect the property. There is a driveway, as well as on-street parking.

The Abode of Care is a quad level home with means of egress at the front of the home via the front door on the main level of the home and a door through the garage to the lower level of the home. There are means of egress through the back of the home via sliding glass doors on the main level and lower level. The home does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the home is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The front door of the home opens to main level of the home which includes the living room, dining room and kitchen. Off the dining room is a sliding glass door which leads to

a deck with stairs to the backyard. The facility's backyard is surrounded by a privacy fence; however, the applicant acknowledged an understanding the gates must not be locking against egress.

From the living room, there are stairs to the upper floor which includes one communal, full bathroom, two private resident bedrooms, and one semi-private resident bedroom with an attached semi-private, full bathroom.

From the dining room are stairs that lead to the lower level of the home which houses a communal half bathroom, the laundry room, and a living room which will primarily be used by staff, with sliding glass doors that exit to the backyard.

The lower level has stairs to the basement. The basement houses a full bathroom for staff use, and a bedroom for staff use, and the home's heating plant. The home utilizes a gas-powered furnace and water heater. Floor separation is provided by a 1-3/4-inch solid core door equivalent equipped with an automatic self-closing device and positive latching hardware that is located at the bottom of the basement stairs. The furnace and water heater were inspected and were determined to be in good condition and to function properly.

The home is equipped with a wireless interconnected smoke detection system with battery backup and is fully operational. The smoke alarms were inspected, with a report on file, and determined to be in the correct locations, interconnected, and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' x 14'	196'	2
2	9'3" x 13'2"	122'	1
3	9'7" x 11'4"	109'	1

The living areas measure a total of 238 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 four 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to four (4) male

and female, ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, or Alzheimer's.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the facility and in the community with additional security and training, as needed, for residents with a diagnosis of Alzheimer's. The applicant intends to accept residents for placement from local Department of Health and Human Services, programs and agencies working with vulnerable/aged adults, and private pay individuals as referral sources.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is The Abode of Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 11/25/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 The Abode of Care, L.L.C. have submitted documentation appointing Joseph Abner as licensee designee for this facility and Esperance Queen Marora as the administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Abner and Ms. Marora. Mr. Abner submitted a medical clearance with a statement from a physician documenting his good health. Ms. Marora also submitted a medical clearance with a statement from a physician documenting her good health and has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Abner has decades of experience providing direct nursing care, as well as case management. Ms. Marora has several years of experience providing direct care at multiple adult foster care homes.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff -to- 4 residents per 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 not 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, 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 of 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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.

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 for this small group adult foster care home, capacity of four.

Cassandra Duursma 04/27/2026

Cassandra Duursma Date
Licensing Consultant

Approved By:

Jerry Hendrick 04/27/2026

Jerry Hendrick Date
Area Manager