GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2026

Calvin Matheka
Tumaini LLC
1946 Andrew St SE
Kentwood, MI 49508

RE: Application #: AS410420865
Tumaini
5720 Kalamazoo Ave
Kentwood, MI 49508

Dear Mr. Matheka:

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,

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

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS410420865
Applicant Name:	Tumaini LLC
Applicant Address:	1946 Andrew St SE Kentwood, MI 49508
Applicant Telephone #:	
Administrator/Licensee Designee:	Calvin Matheka, Designee
Name of Facility:	Tumaini
Facility Address:	5720 Kalamazoo Ave Kentwood, MI 49508
Facility Telephone #:	(616) 594-6924
Application Date:	07/09/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/09/2026	Enrollment
07/09/2026	Application Incomplete Letter Sent 1326/RI030, IRS Ltr req'd
07/09/2026	Contact - Document Sent forms sent
07/16/2026	Contact - Document Received forms rec'd
07/23/2026	Application Incomplete Letter Sent
08/21/2026	Application Complete/On-site Needed
08/21/2026	Inspection Completed On-site
08/21/2026	Inspection Completed-BCAL Full Compliance
08/21/2026	Inspection Completed-Env. Health : A
08/21/2026	Inspection Completed-Fire Safety : A
08/21/2026	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This bi-level house is located at 5720 Kalamazoo Ave Kentwood, Michigan, 49508, in the county of Kent. The facility is owned by Tumaini LLC. The facility sits in a suburban area and there is an attached garage that is primarily used for storage. The home has vinyl and brick siding. The home has adequate parking for approximately two vehicles. The facility has four resident bedrooms, two full bathrooms, one private half bathroom, one kitchen, one dining area, and two living areas. The lower-level is approved for resident use and contains one of the resident bedrooms, recreation room, and full bathroom. There are handrails where required. This facility utilizes public sewer and water systems.

The washer and dryer are in the lower-level floor of the facility. The furnace and hot water heater are in an enclosed lower-level utility room, and it is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 08/21/2026 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the

wall and is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.5 x 11	126	1
2	9.17 x 9.17	84	1
3	12 x 11.5	138	2
4	11 x 11	121	1
5	12 x 9.33	112	1
		Total Capacity:	**6**

The two living areas and dining room areas measure a total of 816 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services are posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition.
The overall maintenance and cleanliness of the home is good.
The landscaping and property are maintained in appropriate condition.

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 male adults aged 18 years to 45 years, who may be diagnosed as developmentally disabled, and/or mentally ill in the least restrictive environment possible. The facility is not wheelchair accessible. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

C. Applicant and Administrator Qualifications

The applicant is Tumaini LLC, is a “limited license corporation” which was established in Michigan, on 06/25/2026. 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 Tumaini LLC have submitted documentation appointing Calvin Matheka as Licensee Designee and administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting his good health.

The licensee designee/administrator has 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 six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff one to six resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. 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, 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 that a separate Resident Funds Part II BCAL-2319 form 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.

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

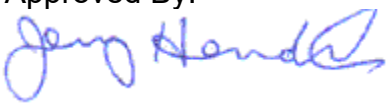
I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



09/03/2026

Toya Zylstra — Date
Licensing Consultant

Approved By:



09/03/2026

Jerry Hendrick — Date
Area Manager