



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2026

Chance Utetiwabo
Amazing Center LLC
441 Voyager Drive
Wayland, MI 49348

RE: License #: AS410420089
Amazing Center 3
6502 Cherry Mead Court SE
Caledonia, MI 49316

Dear Ms. Utetiwabo:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable. Please contact me with any questions. If 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 blue ink, appearing to read "Natasha Grew".

Natasha Grew, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS410420089
Licensee Name:	Amazing Center LLC
Licensee Address:	441 Voyager Drive Wayland, MI 49348
Licensee Telephone #:	518-423-0598
Licensee/Licensee Designee:	Chance Utetiwabo
Administrator:	Frank Muyobokey
Name of Facility:	Amazing Center 3
Facility Address:	6502 Cherry Mead Court SE Caledonia, MI 49316
Facility Telephone #:	(518) 763-9618
Original Issuance Date:	03/25/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2026

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 1

No. of residents interviewed and/or observed 1

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.
Medications were observed during the inspection. However, the medication administration record was not available during the time of the inspection. The facility provided this following the inspection.
- 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 found to be in non-compliance with the following rules:

R 400.691

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

(d) Health care information including all of the following:

(i) Health care appraisals.

(ii) Medication administration record.

(iii) Name, address, and contact information of the preferred health care professional and hospital.

(iv) Medical insurance.

(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.

(vi) Instructions for emergency care and advanced medical directives.

During the inspection, the medication administration record (MAR) for a resident was not available. However, the MAR was provided following the inspection.

An exit conference was held on 08/28/2026 with Licensee Designee Chance Utetiwabo. She was informed of the findings, and a corrective action plan was requested. A corrective action plan was received and approved on 09/08/2026. 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. Renewal of the license is recommended.



09/10/2026

Natasha Grew
Licensing Consultant

Date