



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 1, 2017

Daniel Muthiani
Zawadi USA LLC
4620 Restmor St. SW
Grandville, MI 49418

RE: License #: AS410366922
Zawadi
4793 Millhaven Dr.
Kentwood, MI 49548

Dear Mr. Muthiani:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, 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 #: AS410366922

Licensee Name: Zawadi USA LLC

Licensee Address: 4620 Restmor St. SW
Grandville, MI 49418

Licensee Telephone #: (616) 516-0614

Licensee/Licensee Designee: Daniel Muthiani, Designee

Administrator: Mary Kioko, Administrator

Name of Facility: Zawadi

Facility Address: 4793 Millhaven Dr.
Kentwood, MI 49548

Facility Telephone #: (616) 516-0614

Original Issuance Date: 12/04/2014

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2017

Date of Bureau of Fire Services Inspection if applicable: 06/01/2017

Date of Health Authority Inspection if applicable: 06/01/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- 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.
No meal being served during inspection
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



Toya Zylstra
Licensing Consultant

6/1/17_____
Date