



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 11, 2021

Calvin Matheka  
Amani LLC  
1946 Andrew St Se  
Kentwood, MI 49508

RE: Application #: AS410406351  
Amani AFC  
4797 Millhaven Dr Se  
Kentwood, MI 49548

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 4 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) 356-0183.

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  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410406351
<b>Licensee Name:</b>	Amani LLC
<b>Licensee Address:</b>	1946 Andrew St Se Kentwood, MI 49508
<b>Licensee Telephone #:</b>	(616) 594-6924
<b>Administrator/Licensee Designee:</b>	Calvin Matheka, Designee
<b>Name of Facility:</b>	Amani AFC
<b>Facility Address:</b>	4797 Millhaven Dr Se Kentwood, MI 49548
<b>Facility Telephone #:</b>	(616) 594-6924
<b>Application Date:</b>	11/06/2020
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

11/06/2020	On-Line Enrollment
11/09/2020	Contact - Telephone call received Applicant
11/10/2020	Contact - Document Received Revised application changing Licensee Designee/Administrator
12/07/2020	Contact - Document Received AFC 100 for Administrator
02/01/2021	Application Complete/On-site Needed
02/02/2021	Contact - Document Received 1326/Fingerprint/RI 030 for LD
02/02/2021	File Transferred to Field Office Grand Rapids
02/05/2021	Inspection Completed On-site
02/05/2021	Inspection Completed-Fire Safety : A
02/05/2021	Inspection Completed-BCAL Full Compliance
02/11/2021	Inspection Completed-Env. Health : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Amani AFC, which is located at 4797 Millhaven Dr Se, Kentwood, Kent County, Michigan, is owned by Amani LLC. The facility is a two-story brick and vinyl sided building that sits in a suburban neighborhood. There is an attached two-car garage and ample parking for two vehicles in the paved driveway. The main floor of the facility contains a living room, dining room, kitchen, half bathroom, one bedroom not approved for resident use, and one bedroom approved for resident use. The upper level of the facility contains three bedrooms approved for resident use and a full bathroom. There are handrails where required. This facility utilizes public sewer and water systems. The lower level of the facility is not approved for resident use.

The hot water heater and furnace are located in the lower level. The lower level and main floor are separated with a 1-3/4 inch solid core door equipped 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 02/05/2021 and worked properly. There are at least one operable A-B-C fire extinguisher attached to the wall and are 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	9 x 8.5	69.63	0
2	9.08 x 10.92	99.15	1
3	11.83 x 10.33	116.38	1
4	9 x 9.58	86.22	1
5	12.08 x 7	80.87	1

**Total Capacity: 4**

The living and dining room areas measure a total of 332.02 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 is 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.

## **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 **four** male adults aged 18 years and older, that are part of the developmentally disabled and aged populations in the least restrictive environment possible. 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.

Amani AFC will provide transportation to residents.

### **C. Applicant and Administrator Qualifications**

Calvin Matheka is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Mr. Matheka were completed with no restrictions noted on either. His TB-tine results were negative.

Mr. Matheka 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 four-bed facility is 1-staff- to-4 residents.

The applicant acknowledges an understanding of the training and qualification 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](http://www.miltcpartnership.org)), Identogo, 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 Mr. Matheka, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this AFC adult small group home (capacity 4).



02/11/2021

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



02/11/2021

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Jerry Hendrick  
Area Manager

Date