



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 8, 2021

Yvonne Aninure
323 E. Glenguile
Kalamazoo, MI 49004

RE: License #: AF390372784
Anikare
323 E. Glenguile
Kalamazoo, MI 49004

Dear Mrs. Aninure:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AF390372784

Licensee Name: Yvonne Aninure

Licensee Address: 323 E. Glenguile
Kalamazoo, MI 49004

Licensee Telephone #: (269) 381-5414

Licensee: Yvonne Aninure

Administrator: N/A

Name of Facility: Anikare

Facility Address: 323 E. Glenguile
Kalamazoo, MI 49004

Facility Telephone #: (269) 381-5414

Original Issuance Date: 04/10/2015

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/8/2021

Date of Bureau of Fire Services Inspection if applicable: 10/8/2021

Date of Health Authority Inspection if applicable: 10/8/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed **1**
No. of residents interviewed and/or observed **2**
No. of others interviewed **0** Role: **0**

- 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.
- 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 2-year regular adult foster care license.



Ondrea Johnson
Licensing Consultant

10/08/2021
Date