



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2023

Aimante Kinoro  
345 Alewa Dr Nw  
GRAND RAPIDS, MI 49504

RE: Application #: AF410411580  
Aimante Family Assistance  
345 Alewa Dr Nw  
Grand Rapids, MI 49504

Dear Ms. Kinoro:

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>	AF410411580
<b>Licensee Name:</b>	Aimante Kinoro
<b>Licensee Address:</b>	345 Alewa Dr Nw GRAND RAPIDS, MI 49504
<b>Licensee Telephone #:</b>	(616) 954-5568
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Aimante Family Assistance
<b>Facility Address:</b>	345 Alewa Dr Nw Grand Rapids, MI 49504
<b>Facility Telephone #:</b>	(616) 954-5568
<b>Application Date:</b>	01/29/2022
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/29/2022	On-Line Enrollment
02/02/2022	Inspection Report Requested - Health 1032388
02/21/2022	Inspection Completed-Env. Health : A
02/22/2022	Contact - Document Received 1326/RI 030 for Aimante Kinoro & AFC 100's for Angelique Nyarwaka & Willy Serugo
02/23/2022	PSOR on Address Completed
02/23/2022	Application Incomplete Letter Sent SOS address discrepancy for applicant
02/28/2022	Application Incomplete Letter Sent
03/02/2022	Contact - Document Received Verification of change of address for Licensee
03/02/2022	File Transferred To Field Office GR via SharePoint
03/18/2022	Application Incomplete Letter Sent
01/26/2023	Application Complete/On-site Needed
01/26/2023	Inspection Completed On-site
01/26/2023	Inspection Completed-Fire Safety : A
02/07/2023	Inspection Completed-BCAL Full Compliance
02/07/2023	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Aimante Family Assistance which is located at 345 Alewa Dr NW, Grand Rapids, Kent County, Michigan, and is owned by Aimante Kinoro. The home is a bi level style structure with a finished lower level approved for resident use. The facility has vinyl siding and is located in a suburban area on a large lot. There is an attached two-car garage. The main floor of the facility contains two bedrooms (one of which is approved for resident use), one full bath, and a large open-concept living, dining, kitchen area.

The lower level of the facility contains two bedrooms, full bathroom, living room, laundry room, and mechanical room. The main and lower levels of the facility are approved for resident use. There are handrails where required. This facility utilizes a municipal septic and private water supply.

The furnace and water heater are located in the lower level of the building and are separated from the interior of the building with appropriate fire safe building materials and self-latching door. The washer and dryer utilities are located in the lower level of the facility.

The facility is equipped with hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 01/26/2023 and worked properly. There at least two operable A-B-C fire extinguishers 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	9.01 X 7.10	71.91 square feet	1
2	10 X 11.11	119.2 square feet	1
3	11.1 X 13.03	146.81 square feet	2

**Total Capacity: 4**

The main floor living and dining room areas measure a total of 273 square feet of living space. The lower level living room measures a total of 200 square feet of 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 and/or female adults aged 18 years to 90 years, who may be diagnosed with a developmental disability and/or mental illness 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.

The facility will provide transportation to residents when needed. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

### **C. Rule/Statutory Violations**

Aimante Kinoro is the Licensee for this home. Medical and Record Clearance requests for Ms. Kinoro were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Kinoro 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 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 Ms. Kinoro, 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 family home (capacity 4).



02/15/2023

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



02/15/2023

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Jerry Hendrick  
Area Manager

Date