



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 11, 2023

Anthony Gichemi  
PENDOGANI GL LLC  
4654 Middlebury Dr. SE  
Kentwood, MI 49512

RE: License #:	AS410411993 PENDO GANI AFC HOME 3675 Ponca Ct SW Grandville, MI 49418
----------------	--

Dear Mr. Gichemi:

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 and special certification 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,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410411993
<b>Licensee Name:</b>	PENDOGANI GL LLC
<b>Licensee Address:</b>	4654 Middlebury Dr. SE Kentwood, MI 49512
<b>Licensee Telephone #:</b>	(616) 821-2213
<b>Licensee/Licensee Designee:</b>	Anthony Gichemi, Designee
<b>Administrator:</b>	Mitchelle Limo, Administrator
<b>Name of Facility:</b>	PENDO GANI AFC HOME
<b>Facility Address:</b>	3675 Ponca Ct SW Grandville, MI 49418
<b>Facility Telephone #:</b>	(616) 719-0956
<b>Original Issuance Date:</b>	08/11/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/08/2023

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 3

No. of others interviewed 2 Role: LD/Admin

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, medications were not being administered.
- 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.  
No IR's reported but we discussed IR procedure.
- 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 compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 6).



02/11/2023

---

Elizabeth Elliott  
Licensing Consultant

Date