



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 10, 2023

Aimante Kinoro
345 Alewa Dr Nw
GRAND RAPIDS, MI 49504

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

Dear Ms. Kinoro:

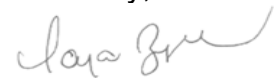
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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) 356-0183.

Sincerely,



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

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

I. IDENTIFYING INFORMATION

License #:	AF410411580
Licensee Name:	Aimante Kinoro
Licensee Address:	345 Alewa Dr Nw GRAND RAPIDS, MI 49504
Licensee Telephone #:	(616) 954-5568
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Aimante Family Assistance
Facility Address:	345 Alewa Dr Nw Grand Rapids, MI 49504
Facility Telephone #:	(616) 954-5568
Original Issuance Date:	02/15/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2023

Date of Bureau of Fire Services Inspection if applicable: 08/10/2023

Date of Health Authority Inspection if applicable: 02/21/2022

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
The facility currently has no residents.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
The facility currently has no residents.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. The facility currently has no residents.
- Meal preparation / service observed? Yes No If no, explain.
The facility currently has no residents.
- Fire drills reviewed? Yes No If no, explain.
The facility currently has no residents.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. The facility currently has no residents.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
The facility currently has no residents.
- 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.

This facility was found to be in non-compliance with the following rules:

MCL 400.717 Provisional license.

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

Finding: The facility was issued a temporary license on 02/15/2023. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care. On 08/10/2023, an onsite inspection was completed at the facility.

Exit Conference: While onsite 08/10/2023, Licensee Aimante Kinoro was informed that a provisional licensee would be issued. Ms. Kinoro stated that she understood the reasons for a provisional license and plans on contacting outside agencies for placement. Ms. Kinoro submitted a Corrective Action Plan while onsite and it was approved. Ms. Kinoro stated she accepted the issuance of a Provisional License.

A corrective action plan was requested and approved on 08/10/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.



08/10/2023

Toya Zylstra
Licensing Consultant

Date