



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 1, 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 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 (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

**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): 10/10/2023
Date of Bureau of Fire Services Inspection if applicable: 10/10/2023
Date of Health Authority Inspection if applicable: 10/17/2023
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Residents were not present during the inspection.
- 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. Residents were not present during the inspection.
- 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. N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: MCL 400.717 (1) 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. **Exit Conference onsite with Licensee 10/10/2023.**

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 1-6).



11/01/2023

Toya Zylstra
Licensing Consultant

Date