



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 10, 2025

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
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Dear Mr. Gichemi:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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
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

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/05/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: LD-Anthony Gichemi

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the renewal inspection, resident medications were not being administered so a review of resident medications and the MAR was conducted.
- 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

On 02/05/2025, I conducted an exit conference with Licensee, Anthony Gichemi and Administrator, Michelle Limo. This facility was determined to be in compliance with rules and requirements. I recommend renewal of the small group home license with special certification.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification.



02/10/2025

Elizabeth Elliott
Licensing Consultant

Date