



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2025

C.M.G Serenity Home Care LLC
1778 Bridle Creek St SE
Kentwood, MI 49508

RE: Application #: AS410418928
C.M.G Serenity Home Care LLC
1778 Bridle Creek St SE
Kentwood, MI 49508

Dear C.M.G Serenity Home Care LLC:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418928
Applicant Name:	C.M.G Serenity Home Care LLC
Applicant Address:	1778 Bridle Creek St SE Kentwood, MI 49508
Applicant Telephone #:	616-655-6571
Administrator/Licensee Designee:	Egide Murowingabo & Halese Gatete
Name of Facility:	C.M.G Serenity Home Care LLC
Facility Address:	1778 Bridle Creek St SE Kentwood, MI 49508
Facility Telephone #:	(616) 655-6571
Application Date:	10/23/2024
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

10/23/2024	Enrollment
10/23/2024	Application Incomplete Letter Sent both licensees addresses are not of the facility, requested proof of SOS change. Requested 1326/RI030
10/23/2024	PSOR on Address Completed
10/23/2024	Contact - Document Sent forms sent
12/11/2024	Contact - Document Received
12/13/2024	File Transferred to Field Office
12/23/2024	Application Incomplete Letter Sent
04/07/2025	Application Complete/On-site Needed
04/08/2025	Inspection Completed On-site
04/08/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This 2-story brick home was built in 1971 with 3 bedrooms and 2 bathrooms. The home has a 2-stall garage and is in a quiet neighborhood with similar homes in age and construction in Kentwood Michigan. As you enter the front door of the home, you step into a small foyer. The main floor consists of a large living room, kitchen/dining room with a slider door that gives you access to a deck and fenced in backyard, a half bathroom, a family room with a fireplace and a slider door that leads to a 3 – season room with access to the backyard. The upstairs of the home has 3 bedrooms and a bathroom with dual vanities. The basement of the home is partially finished with room for an office or staff lounge area. The basement has a washer/dryer, gas furnace and water heater with a 1 ¾ inch solid core door equipped with an automatic self-closing device at the top of the stairs for floor separation. The basement is not approved for resident use. The home is equipped with battery powered single station smoke detectors in appropriate areas of the home, which were tested and deemed operable during the onsite inspection. The home utilizes public water and sewer. The home is not wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4" X 10'3"	127 sq ft	1
2	11'X10'10"	119 sq ft	1
3	15'6" X 10'	155 sq ft	2

The living room, dining room, and family room areas measure a total of 564 sq feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this home can accommodate **four** residents. It is the licensee’s responsibility to not exceed the facility’s licensed capacity.

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** adults, ages 18+ in need of assistance with physical, developmental, or age-related challenges 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 if deemed necessary. The applicant intends to accept residents from Kent County Community Mental Health (CMH) and other contracted agencies.

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, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Rule/Statutory Violations

The applicant is C.M.G Serenity Home Care LLC, which is a “Domestic Limited Liability Company,” established in Michigan on 01/23/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of C.M.G Serenity Home Care LLC has submitted documentation appointing Egide Murowingabo and Halese Gatete as co-licensee’s of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the co-licensee designees and the administrator. The co-licensee designees and

administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The co-licensee designees and administrator have 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 4-bed facility is adequate and includes a minimum of 1 staff 4 residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of the supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during normal sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the

admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

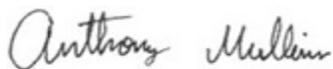
The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).



04/21/2025

Anthony Mullins, Licensing Consultant

Date

Approved By:



04/21/2025

Jerry Hendrick, Area Manager

Date