



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2025

Agnes Kamanzi  
Horminy Family LLC  
2091 Palm Dale Dr Sw  
Wyoming, MI 49519

RE: Application #: AS410419206  
Horminy Family  
475 60th St  
Kentwood, MI 49548

Dear Agnes Kamanzi:

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 6 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

, LLMSW  
Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W., Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410419206
<b>Licensee Name:</b>	Horminy Family LLC
<b>Licensee Address:</b>	2091 Palm Dale Dr Sw Wyoming, MI 49519
<b>Licensee Telephone #:</b>	(720) 416-6298
<b>Licensee Designee:</b>	Agnes Kamanzi
<b>Administrator:</b>	Agnes Kamanzi
<b>Name of Facility:</b>	Horminy Family
<b>Facility Address:</b>	475 60th St Kentwood, MI 49548
<b>Facility Telephone #:</b>	(720) 416-6298
<b>Application Date:</b>	02/05/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## **II. METHODOLOGY**

02/05/2025	On-Line Enrollment
02/06/2025	PSOR on Address Completed
02/06/2025	Contact - Document Sent form sent
02/18/2025	Contact - Document Received
02/18/2025	File Transferred To Field Office
02/26/2025	Application Incomplete Letter Sent
04/02/2025	Application Incomplete Letter Sent Updated
04/08/2025	Application Incomplete Letter Sent Updated
04/14/2025	Inspection Completed On-site Minor physical plant corrections needed
04/15/2025	Inspection Completed-BCAL Full Compliance Proof of physical plant corrections.

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

## **A. Physical Description of Facility**

Horminy Family adult foster care home is a two-story traditional style home located in a suburban neighborhood in Kentwood, MI. It is within three miles of numerous restaurants, businesses, and recreation areas. Upon pulling into the driveway, there are two entrances on the side of the home and one entrance at the front of the home. There are steps to the entrances of the home and currently no ramps, so the home is not wheelchair accessible.

Directly through the front door of the home, you enter the living room. Facing into the living room, to the left is a one semi-private resident bedroom. Past the resident bedroom there are stairs to the second story of the home. Past the stairs is an open area that will be used for resident recreation.

Through the living room is the kitchen and dining room. Off the kitchen is a full resident bathroom. Off the dining room is a mud room with a public half bathroom, a locked medication closet, the second entrance to the home, and the entrance to the basement. The basement will be used for laundry, storage, and the home's heat plant and not utilized by residents. Through the dining room is a staff office and the third entrance to the home.

The second story of the home houses two semi-private resident bedrooms. There are also two spacious walk-in closets in the hallway. There is a full resident bathroom upstairs as well.

The gas furnace and hot water heater are in the basement of the home. There is a door at the top of the stairway to the basement that is a 1-3/4-inch, solid core and equipped with an automatic self-closing device and positive latching hardware. The smoke detectors throughout the house are interconnected. The detectors were inspected by a licensed electrician and are fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.1X 12.5	175	2
2	10.4X 14.4	148	2
3	11.8x 12.5	145	2

The living, dining, and sitting room areas measure a total of 378 square 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 facility can accommodate **six** residents. It is the licensee's responsibility not to 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 six male or female ambulatory residents whose diagnosis is physically handicapped, developmentally delayed, elderly, traumatic brain injury, and/or Alzheimer/dementia, 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 applicable. The applicant intends to accept residents through contract payments, such as Community Mental Health and Department of Health and Human Services, as well as private pay residents.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs unless otherwise indicated on the Resident Care Agreement completed at admission and annually thereafter. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Horminy Family, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/27/2023. 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 Horminy Family, L.L.C. have submitted documentation appointing Agnes Kamanzi as Licensee Designee and Administrator of the home.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee designee and the administrator. The applicant/licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/licensee designee 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision,

protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during 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](http://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, 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 to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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.

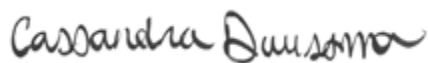
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this small group home (capacity 6).



04/16/2025

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Cassandra Duursma, LLMSW  
Licensing Consultant

Date

Approved By:



04/16/2025

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Jerry Hendrick  
Area Manager

Date