



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 16, 2025

Chantal Mutamuriza
Hope And Care AFC LLC
27040 Cranford Lane
Dearborn Heights, MI 48127

RE: Application #: AS410418435
Hope And Care AFC LLC
6451 Hartman DR SE
Caledonia, MI 49316

Dear Ms. Mutamuriza:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418435
Licensee Name:	Hope And Care AFC LLC
Licensee Address:	6451 Hartman Dr SE Caledonia, MI 49316
Licensee Telephone #:	(616) 279-4893
Administrator/Licensee Designee:	Chantal Mutamuriza, Designee and Administrator
Name of Facility:	Hope And Care AFC LLC
Facility Address:	6451 Hartman DR SE Caledonia, MI 49316
Facility Telephone #:	(616) 279-4893
Application Date:	04/28/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

04/28/2024	On-Line Enrollment
04/29/2024	PSOR on Address Completed
04/29/2024	Contact - Document Sent form sent.
08/12/2024	Contact - Telephone call received sent forms again via email per their request
10/10/2024	File Transferred to Field Office
11/06/2024	Application Incomplete Letter Sent
11/18/2024	Contact - Documents Received
03/07/2025	Application Complete/On-site Needed
03/07/2025	Inspection Completed On-site Second inspection on 03/20/2025. Received an updated physical for the Licensee Designee.
03/20/2025	Inspection Completed-BCAL Full Compliance
03/15/2025	Documents received: Good Standing for Corporation, for profit.
03/15/2025	Documents received: New address and telephone numbers for Licensee and the AFC home.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story wood framed with an attached two stall garage and is located in a subdivision of Caledonia. The home has a completed lower level, with a living room and a nonresident bedroom and a full bathroom and the furnace room. There is a main floor and a second floor. There are three resident bedrooms and two full baths on the second floor and a laundry area. On the main floor is the living room, dining room, and an office. The home is not wheelchair accessible and has 2 approved means of egress off the first floor. The home will utilize public water and sewage systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with a fully stopped frame with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is 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	13' 8" x 12' 5"	169.55	2
# 2	13' 8" x 11' 10"	157.69	2
# 3	13' 8" x 11" 10"	161.60	2

The living, dining, and sitting room areas measure a total of 401.4 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** (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged or Alzheimer's, 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. The applicant intends to accept residents

from Kent County-DHHS, Kent County CMH, network 180 as a referral source and they will accept private pay individuals.

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. The facility 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 Hope and Care AFC, L.L.C., which is a “Domestic Limited Liability Company,” “For Profit Corporation,” and was established in Michigan, on April 14, 2024. 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 Hope and Care AFC, L.L.C. have submitted documentation appointing Chantal Mutamuriza as Licensee Designee and Administrator for this facility.

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

The licensee designee/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 not 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) 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 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.

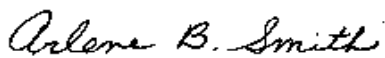
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity of 6.



Arlene B. Smith
Licensing Consultant

Date 04/15/2025

Approved By:



Jerry Hendrick
Area Manager

Date 04/16/2025