



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 23, 2025

Olivia Baker
Amanisher Home Care LLC
2301 Ashton Ave
KALAMAZOO, MI 49004

RE: License #: AS390418334
Amanisher Home Care LLC
2301 Ashton Ave
Kalamazoo, MI 49004

Dear Olivia Baker:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS390418334 |
| Licensee Name: | Amanisher Home Care LLC |
| Licensee Address: | 2301 Ashton Ave KALAMAZOO, MI 49004 |
| Licensee Telephone #: | (269) 240-5021 |
| Licensee/Licensee Designee: | Olivia Baker |
| Administrator: | Olivia Baker |
| Name of Facility: | Amanisher Home Care LLC |
| Facility Address: | 2301 Ashton Ave Kalamazoo, MI 49004 |
| Facility Telephone #: | (269) 240-5021 |
| Original Issuance Date: | 10/18/2024 |
| Capacity: | 3 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/17/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No residents in care.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No residents in care.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. No residents in care
- Meal preparation / service observed? Yes No If no, explain.
No residents in care
- Fire drills reviewed? Yes No If no, explain.
No residents in care
- Fire safety equipment and practices observed? Yes No If no, explain.
No residents in care
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
No residents in care
- Incident report follow-up? Yes No If no, explain.
No residents in care
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
No residents in care 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 non-compliance with the following rules and requirements:

| | |
|---|---|
| <p>MCL 400.713</p> | <p>License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.</p> |
| | <p>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:</p> <p>(b) The applicant's compliance with this act and rules promulgated under this act.</p> |
| <p>FINDING: On 04/17/2025, the facility's licensee designee confirmed there have been no residents in care at the facility since 10/18/2024. Resident quality of care cannot be assessed due to the facility not having residents during the temporary license period. Subsequently the renewal of the license cannot be completed.</p> | |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/23/2025

Eli DeLeon
Licensing Consultant

Date