



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 30, 2025

Fadumo Osman  
AMPLE RESIDENTIAL LLC  
1164 Forest Hill Ave SE  
Grand Rapids, MI 49546

RE: License #: AS410418746  
**Ample Residential**  
**1164 Forest Hill Ave SE**  
**Grand Rapids, MI 49546**

Dear Ms. Osman:

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 (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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410418746
<b>Licensee Name:</b>	AMPLE RESIDENTIAL LLC
<b>Licensee Address:</b>	1164 Forest Hill Ave SE Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(612) 402-0013
<b>Licensee/Licensee Designee:</b>	Fadumo Osman, Designee
<b>Administrator:</b>	Fadumo Osman
<b>Name of Facility:</b>	Ample Residential
<b>Facility Address:</b>	1164 Forest Hill Ave SE Grand Rapids, MI 49546
<b>Facility Telephone #:</b>	(612) 402-0013
<b>Original Issuance Date:</b>	10/31/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2025

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 0 Role: 0

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
There are no residents in this facility
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
There are no residents in this facility.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. There are no residents in this facility.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
There are no residents in this facility
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
There are no residents in this facility.
- 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.  
There are no residents in this facility.
- 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

This facility was found to be in non-compliance with the following rules:

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within in the time limitations of the provisional period.**

**Finding:** The facility was issued a temporary license on 10/31/2024. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care. On 04/28/2025, an onsite inspection was completed at the facility.

**Exit Conference:** Licensee Fadumo Osman was informed that a provisional license would be issued. Ms. Osman stated that she understood the reasons for a provisional License.

#### IV. RECOMMENDATION:

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

*Arlene B. Smith*

05/30/2025

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Arlene B. Smith  
Licensing Consultant

Date