



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 14, 2025

Ebrima Drammeh
Giddings AFC Homes, LLC
No 105
2153 Wealthy St SE
East Grand Rapids, MI 49506

RE: License #: AS410418873
Giddings AFC III
1518 Forrester St SE
Grand Rapids, MI 49508

Dear Ebrima Drammeh:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license will be renewed within 30 days of its expiration so long as there are no open investigations at that time. Your license is valid only at your present address and is non-transferable.

Please contact me with any questions. If 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 "Cassandra Duursma".

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS410418873
Licensee Name:	Giddings AFC Homes, LLC
Licensee Address:	No 105 2153 Wealthy St SE East Grand Rapids, MI 49506
Licensee Telephone #:	(269) 447-5460
Licensee Designee:	Ebrima Drammeh
Administrator:	Ebrima Drammeh
Name of Facility:	Giddings AFC III
Facility Address:	1518 Forrester St SE Grand Rapids, MI 49508
Facility Telephone #:	(269) 447-5460
Original Issuance Date:	02/20/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/14/25

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 1
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
Inspection occurred after meal service, kitchen inspected.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- 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.
- 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 determined to be in substantial compliance with rules and requirements.

On 7/14/25, I completed an exit conference with Mr. Drammeh who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular license to this AFC adult small group home (capacity 1-6).

Cassandra Duursma

7/14/25

Cassandra Duursma
Licensing Consultant

Date