



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2025

Phillis Njoroge and Jacob Mwanja
1029 Westmoreland Ave
Kalamazoo, MI 49006

RE: License #: AF390398508
Caring Hearts AFC
1029 Westmoreland Ave.
Kalamazoo, MI 49006

Dear Phillis Njoroge and Jacob Mwanja:

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 and specialized certification for the developmentally disabled and mentally ill are renewed. It is valid only at your present address and is nontransferable.

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 that reads 'Cathy Cushman'.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AF390398508
Licensee Name:	Phillis Njoroge and Jacob Mwanja
Licensee Address:	1029 Westmoreland Ave. Kalamazoo, MI 49006
Licensee Telephone #:	(269) 808-1461
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Caring Hearts AFC
Facility Address:	1029 Westmoreland Ave. Kalamazoo, MI 49006
Facility Telephone #:	(269) 808-1461
Original Issuance Date:	08/27/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 08/04/2025

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

1

No. of residents interviewed and/or observed

4

No. of others interviewed

Role:

- 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.
- 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 ☐
On 09/08/2023, the licensees were granted a variance to AFC licensing rule R 400.1405 (3) allowing them to obtain chest x-rays every 10 years to determine if they have latent TB infection or if it has progressed to TB disease. The variance allows the licensee's physician to complete a TB symptom screen questionnaire and if determined symptomatic, then the licensees will obtain chest x-rays.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and renewal of the specialized certification for the developmentally disabled and mentally ill populations.



08/04/2025

Cathy Cushman
Licensing Consultant

Date