



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 15, 2025

Juvenal Rutaramirwa
BETTER LIVING AFC LLC
448 Van Allen St Se
Grand Rapids, MI 49548

RE: Application #: AS410419552
Better Living Wingate
2918 Wingate Dr SE
Kentwood, MI 49512

Dear Juvenal Rutaramirwa:

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 4 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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419552
Applicant Name:	BETTER LIVING AFC LLC
Applicant Address:	448 Van Allen St Se Grand Rapids, MI 49548
Applicant Telephone #:	(480) 570-4843
Licensee Designee:	Juvenal Rutaramirwa
Administrator:	Cedric Manzi
Name of Facility:	Better Living Wingate
Facility Address:	2918 Wingate Dr SE Kentwood, MI 49512
Facility Telephone #:	(616) 406-4095
Application Date:	05/15/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/15/2025	Enrollment
05/15/2025	Application Incomplete Letter Sent Requested 1326A/RI030, EIN letter
05/15/2025	PSOR on Address Completed
05/15/2025	Contact - Document Sent Forms sent
05/30/2025	Contact - Document Received
05/30/2025	File Transferred To Field Office
06/09/2025	Application Incomplete Letter Sent
09/04/2025	Application Incomplete Letter Sent Updated
09/11/2025	Application Complete- Onsite Needed
10/03/2025	Inspection Completed On-site
10/14/2025	Inspection Completed Full Compliance Confirmed physical plant corrections

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Better Living Wingate is a two-story, stick built single family home located in a suburb of Kentwood, MI. The main level of the home consists of a living room, dining area, kitchen, storage area, and communal half bathroom. The second floor consists of two private resident bedrooms, one semi-private resident bedroom, and one communal, full bathroom. The basement houses the heat plant, laundry room, and storage areas. The basement will not be utilized by residents.

The furnace and hot water heater are in the basement of the home. Floor separation is created by a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs to the basement. The home is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The home utilizes public water and sewer. Due to the bedrooms being located on the second floor of the home, the home is not wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'8" x 10'7"	92	1
2	9'11" x 12'4"	122	1
3	11'8" x 14'6"	163	2

The living and dining room areas measure a total of 327 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 4 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 four male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 community mental health referral sources.

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 assure the availability of transportation for program and medical needs as specified in the resident's care agreement. The home will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources such as public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Better Living AFC LLC which is a "Domestic Limited Liability Company" established on 05/05/2023. 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 Board of Directors of Better Living AFC LLC has submitted documentation appointing Licensee Designee, Juvenal Rutaramirwa, and Administrator, Cedric Manzi. The licensee designee and administrator have provided documentation to satisfy the

qualifications and training requirements identified in the administrative group home rules.

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

The staffing pattern for the original license of this 4 - bed facility is adequate and includes a minimum of 1 staff -to- 4 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 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 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license for this adult foster care small group capacity of four.

Cassandra Duursma

10/15/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

10/15/2025

Jerry Hendrick
Area Manager

Date