



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 8, 2025

Aimante Kinoro Serugo
Aimante Family Assistance LLC
345 Alewa Dr Nw
Grand Rapids, MI 49504

RE: License #: AS410418633
Investigation #: 2026A0583012
Aimante AFC 2

Dear Ms. Kinoro Serugo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418633
Investigation #:	2026A0583012
Complaint Receipt Date:	12/03/2025
Investigation Initiation Date:	12/04/2025
Report Due Date:	01/02/2026
LicenseeName:	Aimante Family Assistance LLC
Licensee Address:	345 Alewa Dr Nw GRAND RAPIDS, MI 49504
Licensee Telephone #:	(616) 954-5568
Administrator:	Aimante Kinoro Serugo
Licensee Designee:	Aimante Kinoro Serugo
Name of Facility:	Aimante AFC 2
Facility Address:	6255 S Lenter Ct Caledonia, MI 49316
Facility Telephone #:	(616) 954-5568
Original Issuance Date:	02/04/2025
License Status:	REGULAR
Effective Date:	08/04/2025
Expiration Date:	08/03/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was assaulted by Resident B.	No
Additional Findings	Yes

III. METHODOLOGY

12/03/2025	Special Investigation Intake 2026A0583012
12/04/2025	Special Investigation Initiated - Letter Recipient Rights Michael Kuik
12/04/2025	Inspection Completed On-site
12/04/2025	Exit Conference Licensee Designee Aimante Kinoro Serugo
12/05/2025	APS Referral

ALLEGATION: Resident A was assaulted by Resident B.

INVESTIGATION: On 12/03/2025 I received an email from Network 180 Recipient Rights staff Michael Kuik. The email contained complaint allegations that Mr. Kuik confirmed he was assigned to investigate. The complaint alleged that Resident A was observed with bruising around her right eye on 11/29/2025 and Resident A states that Resident B caused the injury due to hitting her in the face.

On 12/03/2025 I received an email from Mr. Kuik. He stated that Resident A's guardian observed the bruising to Resident A's right eye area on 11/29/2025 and Resident A states that Resident B hit her in the face causing the injuries. Mr. Kuik stated that Resident A has a history "of hurting herself, though that was generally hitting herself in the legs, not the face". He also stated, "that the bruise is right where her glasses would be and there's no damage to her glasses".

On 12/04/2025 I completed an unannounced onsite investigation at the facility and interviewed staff Divine Hatunga and Resident A. Mr. Kuik was present during the investigation.

Mr. Hatunga stated that Resident A, Resident B, and Resident C reside at the facility. Mr. Hatunga stated that he worked at the facility from 11/28/2025 7:00PM until 11/29/2025 7:00AM. He stated that during that time he did not observe injuries to Resident A's face and confirmed that he left before she awoke on 11/29/2025. He

stated that Resident A's bedroom is located across the hall from Resident B and during the night Mr. Hatunga heard Resident A "yelling" in her bedroom which is not uncommon. He stated that he did not observe Resident B going into Resident A's bedroom that evening. He stated that he observed Resident A's facial bruising at the start of his shift, on 11/29/2025 at approximately 8:00PM. He said that Resident A stated Resident B caused the bruise due to hitting her in the face. Mr. Hatunga stated that Resident A has a history of following Resident B around and calling his cell phone multiple times, which frustrates Resident B. He stated that Resident B has no history of physical aggression. He stated that Resident A has a history of self-harming behaviors including striking herself in the face.

Resident A presents with a developmental disability limiting her verbal communication. She presented with bruising to her right eye area. She stated that Resident B hit her in the face. She could provide no further details.

I observed Resident C. He was unable to complete an interview due to his limited verbal ability to communicate. He was appropriately groomed.

On 12/04/2025 I interviewed Resident B at Hope Network Day Programming. He stated that Resident A harasses him by following him around and calling his cell phone. He stated that he did not strike Resident A in any manner. He denied physically assaulting Resident A at any time. He stated that Resident A has a history of hitting herself.

On 12/04/2025 I completed an Exit Conference via telephone with licensee designee Aimante Kinoro Serugo. She stated that Resident A has a history of self-harm. She stated that on 11/29/2025 she worked from 7:00AM until 7:20AM and did not observe Resident A because she was asleep. She stated that staff Nimrozi Nasir worked from 7:20AM until 8:00PM. She stated that Mr. Nasir telephoned her and stated that Resident A presented with bruising to her right eye and her glasses were not broken. She stated that Resident A cried and would not tell Mr. Nasir how she sustained the bruising. She stated that Resident A now reports that Resident B hit her causing injuries. Ms. Serugo stated that no staff member observed Resident B strike Resident A and Resident B has no history of physical aggression. She stated that Resident A has a history of self-harm. Ms. Kinoro was informed that a violation was not supported by a preponderance of evidence, and she agreed.

On 12/08/2025 I completed an online Adult Protective Services complaint via the portal.

APPLICABLE RULE	
R 400.641	Resident behavior interventions.
	(5) Staff, volunteers, visitors, or other occupants of the facility shall not mistreat a resident. Mistreatment includes any intentional action or omission that exposes a resident

	to a serious risk, physical or emotional harm, or the deliberate infliction of pain by any means.
ANALYSIS:	<p>Resident A presents with healing bruising to her right eye area. She reports that Resident B hit her in the face.</p> <p>Resident B denies hitting Resident A in the face.</p> <p>Resident A has a history of self-harming behaviors, and no witnesses observed an assault.</p> <p>Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does not support that a violation of the applicable rule occurred.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: The facility lacks an accessible telephone for emergency use.

INVESTIGATION: On 12/04/2025 I completed an unannounced onsite investigation at the facility and interviewed staff Divine Hatunga. Mr. Hatunga stated that the facility does not have a telephone for emergency use and residents use their personal cell phones.

On 12/04/2025 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She confirmed that the facility lacks an accessible telephone. She agreed that a violation had occurred and stated she would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.619	Emergency preparedness plan.
	(5) A licensee shall have a telephone available and accessible to anyone in the facility for emergency use and emergency telephone numbers posted in a conspicuous location that includes fire, police, and medical emergency services.
ANALYSIS:	<p>Mr. Hatunga and Ms. Serugo confirmed that the facility lacks an accessible telephone for emergency use.</p> <p>Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does support that a violation of the applicable rule occurred.</p>

CONCLUSION:	VIOLATION ESTABLISHED
--------------------	------------------------------

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.



12/08/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



12/08/2025

Jerry Hendrick
Area Manager

Date