



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 18, 2025

Inkosinati Khaka
2924 W Willow St
Lansing, MI 48917

RE: Application #: AF330419654
Kind Horizons
3927 W Willow
Lansing, MI 48917

Dear Mr. Khaka:

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 5 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF330419654
Applicant Name:	Inkosinati Khaka
Applicant Address:	3927 W Willow Lansing, MI 48917
Applicant Telephone #:	(616) 516-0095
Licensee:	Inkosinati Khaka
Name of Facility:	Kind Horizons
Facility Address:	3927 W Willow Lansing, MI 48917
Facility Telephone #:	(616) 516-0095
Application Date:	06/04/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/04/2025	Enrollment
06/04/2025	Application Incomplete Letter Sent requested 1326/RI030, AFC100
06/04/2025	PSOR on Address Completed
06/04/2025	Contact - Document Sent -forms sent
06/23/2025	Contact - Document Received
06/25/2025	File Transferred To Field Office
07/08/2025	Application Incomplete Letter Sent Khaka, Inkosinati
07/29/2025	Contact - Telephone call made to Inkosinati Khaka (Russell) to give clarification from Voice mail
08/14/2025	SC-Application Received - Original
08/14/2025	Contact - Document Received - Program statement, lease, evacuation plans
09/17/2025	Contact - Document Received - inspections sent, requested medical release
09/30/2025	Contact - Document Received Fee policies, permission to inspect, proof of ownership
10/30/2025	Inspection Completed-BCAL Sub. Compliance - On-site with Russell Khaka
10/31/2025	Application Incomplete Letter Sent
11/12/2025	Contact - Document Received Training and education sent
11/14/2025	Inspection Completed-BCAL Sub. Compliance Met with Mr. Khaka
11/14/2025	Inspection Completed-BCAL Full Compliance – Mr. Khaka sent videos of the correct locks on the front and back door.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kind Horizons is a two story home modern home with a basement located in Lansing, Michigan. Kind Horizons has light gray vinyl siding with black trim and has a circle driveway. Kind Horizons was recently remodeled and includes one resident bedroom, full bathroom, living room, dining room, and kitchen on the main level and upstairs are two additional resident bedrooms and one full resident bathroom. Upon entering the family home, there is an open floor plan including the dining room, kitchen, and living room along with a hallway to the left leading to the laundry room, bathroom, and single resident bedroom. The home sits on .34 acres. Behind the home, there are some sheds and a deck as you walk out the back door. The home has a basement which will not be licensed for resident use rather is the private living quarters for applicant Inkosinati Khaka. The family home utilizes both public water and sewer. The family home is equipped with central air for the warmer months. Kind Horizons is not wheelchair accessible and therefore cannot accept residents who require the regular use of a wheelchair. There are two means of egress from the first floor.

The heating equipment includes a natural gas boiler and an electric water heater which are located in the basement of the home, in a fully enclosed room, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware to create floor separation. The gas boiler and electric water heater were inspected on 08/12/2025 and found to be fully functional. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (downstairs)	12'2" X 13'	158	1
2 (upstairs)	13'4" X 15'	200	2
3 (upstairs)	21'7" X 13'4"	287	2

The living, dining, and sitting room areas measure a total of 544 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, physically handicapped, developmentally disabled, or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Community Mental Health, various DHHS offices, and private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications:

The applicant, Inkosinati Khaka, has over three years of experience working as a direct care staff member and home manager in another licensed AFC and is familiar with the licensing rules required to successfully own an AFC. Mr. Khaka has completed all required licensing trainings including nutrition, cardiopulmonary resuscitation (CPR) and first aid, foster care, safety and fire prevention, financial and administrative management, resident rights, communicable diseases, and medication administration. Mr. Khaka also holds a Certificate in Caregiving from Alison Online, London.

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

Mr. Khaka has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Mr. Khaka acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Mr. Khaka has indicated that for the original license of this five bed family home, there is adequate supervision with one responsible person on-site for five residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mr. Khaka acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home. Mr. Khaka 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. Mr. Khaka acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Mr. Khaka acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents. Mr. Khaka acknowledges their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteer(s).

Mr. Khaka acknowledges an understanding of the administrative rules regarding medication procedures. 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.

Mr. Khaka 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. Mr. Khaka 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. Mr. Khaka acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident’s file.

Mr. Khaka acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Khaka acknowledges that a separate resident fund transaction form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

Mr. Khaka acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Khaka indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Khaka acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Mr. Khaka has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Khaka acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

Mr. Khaka acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to the quality of care will be assessed during the temporary license period.

RECOMMENDATION

I recommend issuance of a six-month temporary license and special certification to this adult foster care family home (capacity 5).

Jennifer Browning

Jennifer Browning
Licensing Consultant

11/14/2025

Date

Approved By:

Dawn Timm

11/18/2025

Dawn N. Timm
Area Manager

Date