



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 7, 2026

Heaven Amandou AND Malik Amandou
1060 44th Street SE
KENTWOOD, MI 49508

RE: License #: AF410418760
Live Laugh Love Home Care
1060 44th Street SE
Kentwood, MI 49508

Dear Heaven Amandou AND Malik Amandou:

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 is 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 (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 #: AF410418760

Licensee Name: Heaven Amandou AND Malik Amandou

Licensee Address: 1060 44th Street SE
KENTWOOD, MI 49508

Licensee Telephone #: (616) 589-9250

Licensee Designee: N/A

Administrator: N/A

Name of Facility: Live Laugh Love Home Care

Facility Address: 1060 44th Street SE
Kentwood, MI 49508

Facility Telephone #: (616) 589-9250

Original Issuance Date: 02/03/2025

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/25

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 N/A
No. of residents interviewed and/or observed 0
No. of others interviewed 2 Role: Licensees

- 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.
Resident was not present when on-site contact occurred.
- 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 10/14/25, I completed an exit conference with Heaven Amandou AND Malik Amandou who did not dispute my findings or recommendations. A use of space addendum was completed and it was confirmed that a resident was residing in the home.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Cassandra Duursma

1/7/26

Cassandra Duursma
Licensing Consultant

Date