



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 11, 2025

Sulayman Aninure
Anikare AFC
323 E Glenguile
Parchment, MI 49004

RE: Application #: AS800419771
101 Care
69675 Rose Meadow Dr
Lawton, MI 49065

Dear Mr. Aninure:

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 6 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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800419771
Applicant Name:	Anikare AFC
Applicant Address:	323 E Glenguile Parchment, MI 49004
Applicant Telephone #:	(269) 254-0241
Administrator/Licensee Designee:	Sulayman Aninure
Name of Facility:	101 Care
Facility Address:	69675 Rose Meadow Dr Lawton, MI 49065
Facility Telephone #:	(269) 254-2041 07/22/2025
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/22/2025	Enrollment
07/22/2025	Comment FP sent to Ashley.
07/22/2025	Lic. Unit file referred for background check review PSOR hit on Daniel Bidle.
07/22/2025	Inspection Report Requested - Health Invoice#: 1035215
07/22/2025	Comment Waiting on FP results and PSOR hit back to continue.
07/22/2025	Lic. Unit received background check file from review PSOR hit on Daniel Bidle
07/22/2025	Application Complete/On-site Needed
07/23/2025	Application Incomplete Letter Sent 1326/RI030
07/23/2025	Contact - Document Sent Forms sent.
07/24/2025	Contact - Document Received 1326/RI030 but the RI030 is not valid.
07/28/2025	Contact - Document Received RI030.
07/28/2025	Comment New Fingerprints sent to Ashley.
07/28/2025	Comment FP back from Ashley.
07/28/2025	File Transferred to Field Office
07/29/2025	Application Incomplete Letter Sent Emailed to applicant.
07/30/2025	Contact - Document Received Credit Report, Contract, Emergency Procedures, Financial Report, Routine Procedures, Job Description, Deed, Health Appraisal, TB Test, Program Statement, Refund Policy, Discharge Policy and Proposed Staffing/Budget.

08/07/2025	Contact - Document Received Floor Plan
09/11/2025	Inspection Completed On-site
09/11/2025	Inspection Completed-BCAL Full Compliance
10/28/2025	Contact - Document Received Special Certification Application

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant Sulayman Aninure purchased this home to operate as an Adult Foster Care (AFC) through Anikare Inc. LLC and provided copy of the deed for the property.

The facility is located in a residential area of Lawton, Michigan. The facility is not wheelchair-accessible. The facility is a single level residential house with a finished basement. The facility has five resident bedrooms, six full bathrooms and one-half bathroom. Each of the bedrooms has a private full bathroom and walk in closet. The facility has a large dining and living room, medication room, pantry, laundry room, recreation room, and furnace/water heater room. The facility, furnishings, appliances, utensils, etc. are all in good condition, and the landscaping is well-maintained. The facility has adequate smoke detectors throughout the facility and is equipped with an electric furnace and water heater.

The facility uses private water and sewage systems which received an "A" approval rating on 7/28/25 through Van Buren County Health Department.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'8"X14'	205.33	1
2	10'4"X15'	155	1
3	9'10X17'2"	168.81	1
4	16'7"X21'2"	351	1
5	14'6"X16'10"	244	1
6	16'9"X15'11"	266.6	1

Total Capacity: 6

The main floor living room and dining room measure a total of 424 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, built in thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone and emergency evacuation plan.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

B. Program Description

The applicant provided the following outline regarding its program services:

Population to be served

- Mentally Ill
- Developmentally Disabled
- Traumatic Brain Injury

Program Goals

Provide for the physical, emotional, intellectual and social needs of each resident while providing residents with a safe and peaceful environment. To give and receive in return dignity and respect and to ensure residential rights.

Services in the home

- Services in the home will meet the specification outlined in the Person-Centered plan (service plan) and in the Written Assessment which includes but is not limited to medication management, personal care assistance, meal preparation, health monitoring, safety and security, housekeeping/maintenance, and record keeping.

Services available from outside the home

- There is a provision for group outings and local medical appointments for our residents.

Community resources

- Community resources for residents are met by Case Management, Family or other public, state, and federal agencies.

Staff competencies necessary to carry out the services

Staff shall be qualified in the areas required pursuant to licensing rules before working with residents. Training shall be renewed before they are due.

The facility will provide minimally a 1:6 staff to resident ratio at all times residents are in the facility; additional staff may be used as determined by resident and operational needs of the facility. Initially Mr. Aninure will be the primary care provider, with other

staff being added as the resident population increases. Once additional staff is hired the facility will operate on a shift basis, having 3 eight and a half hour shifts daily. Mr. Aninure will provide the majority of the training, with staff obtaining First Aid and CPR training for qualified trainers. The proposed staff shifts are as follows:

- 1st Shift: 8am to 4pm
- 2nd Shift: 4pm to 12am
- 3rd Shift: 12am to 8am

The facility will provide services to individuals who are physically handicapped, mentally ill and/or have a traumatic brain injury. The licensee has identified males and females between the ages of 18 and 60 to be the target population for this facility. The facility is a non-smoking facility and prefers private pay individuals. Emergency transportation will be available.

The requirements for resident record keeping were reviewed with Mr. Aninure and he was supplied the forms required to achieve compliance with the rules related to resident records.

The facility has developed and submitted to the Department personnel policies, job descriptions and house rules that will be utilized in the training of employees. The qualifications for direct care staff were reviewed with Mr. Aninure and Section 400.734b of PA 218 was discussed regarding criminal history checks on employees

Technical assistance was provided to Mr. Aninure on Act and administrative requirements related to the home and resident and employee record keeping.

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 **six** male and/or female adults aged 18 to 60 years, who may be diagnosed with a physical handicap, mental illness and/or developmental disability and/or who may have a traumatic brain injury. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will provide transportation to residents, and any charges for such will be stated in the Resident Care Agreement. Emergency transportation needs will be

fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the residents who live there.

C. Applicant and Administrator Qualifications

The applicant, Sulayman Aninure, currently owns and operates two other licensed Adult Foster Care homes, Anikare (License # AF390372784) and Anikare's Home (License # AM030412015).

Anikare's Home LLC has appointed Sulayman Aninure to be the licensee designee for the corporation and to be the administrator of the facility. Mr. Aninure has submitted documentation to verify his qualifications to be the licensee designee of the facility. Mr. Aninure's Record Clearance and Medical Clearance demonstrated substantial compliance with the applicable rules. The financial information provided by Mr. Aninure demonstrated compliance with the applicable rules related to financial capability and stability.

Mr. Aninure has submitted a Medical and Records Clearance with no exclusionary results found on either along with a TB test result is also up-to-date and was negative.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers

and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

IV. RECOMMENDATION

It is recommended that a temporary license be issued for six residents.

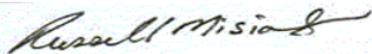


12/11/25

Kristy Duda
Licensing Consultant

Date

Approved By:



12/18/25

Russell B. Misiak
Area Manager

Date