



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 18, 2026

George Atemandeh  
315 Garland Street  
Kalamazoo, MI 49001

RE: Application #: AS390420079  
**A & L AFC**  
**131 W Alcott**  
**Kalamazoo, MI 49001**

Dear George Atemandeh:

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 specialized certification for the mentally ill and developmentally disabled, 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 "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390420079
<b>Applicant Name:</b>	George Atemandeh
<b>Applicant Address:</b>	315 Garland Street Kalamazoo, MI 49001
<b>Applicant Telephone #:</b>	(269) 568-0912
<b>Administrator:</b>	George Atemandeh
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	A & L AFC
<b>Facility Address:</b>	131 W Alcott Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 254-8767
<b>Application Date:</b>	11/17/2025
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

11/17/2025	Enrollment
11/17/2025	Application Incomplete Letter Sent
11/17/2025	PSOR on Address Completed
11/17/2025	Contact - Document Sent
11/17/2025	File Transferred To Field Office
11/17/2025	Application Incomplete Letter Sent
11/25/2025	Contact - Document Received - LD requested I review his former enrollment which was closed for documentation that could be used for this open enrollment. I reviewed the electronic file and accepted applicable docs.
11/26/2025	Application Incomplete Letter Sent - Cross referenced docs received from a recent closed enrollment and the new ruleset.
12/03/2025	Contact - Document Received - Received the following: Refund policy, Required personnel policies, Admission/Discharge policy, Updated budget, Program statement with reporting requirement training, Emergency preparedness plans - written NOT layout , overnight visitation policy, Standard and routine policies
12/04/2025	Application Incomplete Letter Sent - Sent updated app incomplete letter based on my review of documentation
12/11/2025	Contact - Document Received - Received multiple documents pertaining to enrollment.
12/12/2025	Contact - Document Received - Received personnel policies.
12/16/2025	Application Incomplete Letter Sent - Pertaining to my review of docs received on 12/11 and 12/12
12/20/2025	Contact - Document Received - Current CPR/first aid for licensee, floor plans, fire escape route, and current medical clearance for licensee.
12/28/2025	Contact - Document Received - ADT smoke alarm installation form dated 12/26/2025
01/02/2026	Application Incomplete Letter Sent - Pertaining to recent docs received.

01/02/2026	Contact - Document Received - Certificate of monitoring by ADT
01/03/2026	Contact - Document Received - Permission to inspect letter; however, it did not document LARA could inspect the premises. It documented the city could inspect.
01/04/2026	Contact - Document Received - Applicant required trainings.
01/06/2026	Contact - Document Received - Applicant's Resume and Electrical inspection dated 01/06/2026
01/07/2026	Application Incomplete Letter Sent - Based on my review of recent documentation.
01/09/2026	Contact - Document Received – Training
01/09/2026	Contact – Document Received - Received permission to inspect from facility owner.
01/12/2026	Inspection Completed On-site
01/12/2026	Inspection Completed-BCAL Sub. Compliance
01/14/2026	Confirming Letter Sent - Regarding the onsite inspection
01/24/2026	SC-Application Received – Original
02/06/2026	Inspection Completed On-site
02/06/2026	Inspection Completed-BCAL Sub. Compliance
02/06/2026	Confirming Letter Sent
02/06/2026	Contact - Document Received - Received picture verification of corrections noted in confirming letter.
02/06/2026	Contact – Document Received - Received final correction from confirming letter
02/09/2026	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a two story home located in the Southside neighborhood of Kalamazoo on a dead end street. The facility has limited driveway parking, with additional parking available on the street for staff and visitors. The facility is walking distance to Burdick Street, which is a secondary side street that runs parallel to Westnedge Avenue. The facility is walking distance to a gas station, bus stops, and a local restaurant. The facility is less than a five minute drive to The Family Health Center and Kalamazoo County Department of Health and Human Services. It is also less than a 10 minute drive to downtown Kalamazoo, the nearest Emergency Room or to the neighboring city of Portage, Michigan, where there is an abundance of big box stores, shops, and restaurants. The facility is also an approximate five minute drive to I-94 highway and 10 minute drive to 131 highway.

Due to the facility's location, it utilizes both the public water and sewage system, which were inspected by the Bureau of Community Health Systems on 01/12/2026 and determined to be in substantial compliance with applicable environmental health and safety rules.

The property owner is Grace Mumararungu, which was verified through a property parcel search and the City of Kalamazoo property tax records. The applicant submitted a document from Grace Mumararungu giving him permission to operate an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

The facility is two stories with an unfinished basement. The primary means of egress is on the front of the facility while the secondary means of egress is located on the back of the facility. The facility does not have wheelchair ramps, or first floor exits at grade providing two approved means of egress. As a result, the facility is not wheelchair accessible and cannot accommodate residents who require the regular use of a wheelchair.

The front of the facility has a 5'1" x 20'8" covered three seasons porch. The front of the facility is divided between a dining room on the left side and the living room on the right side. One resident bedroom and the stairs to the 2<sup>nd</sup> story are located off the living room. This resident bedroom has an ensuite bathroom, which consists of a toilet, sink, and standup shower. There is both a window and mechanical fan for ventilation. The applicant understands only the resident in this bedroom can utilize the ensuite bathroom. Through the dining room is the facility's kitchen, the basement stairs, and a 4'9" x 9'6" three seasons porch off the back of the facility. The kitchen consists of a sink, stove, oven, refrigerator with freezer, and a dishwasher. The facility's second floor consists of two resident bedrooms, a storage/medication room, and a bathroom. The second floor bathroom consists of a toilet, double sink, a shower/tub combination, and both a window and mechanical fan for ventilation.

The gas furnace and hot water heater, in addition to the electric washer and gas dryer, are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work. The facility's basement will not be utilized for resident activities.

The furnace and electrical system were inspected on 11/21/2025 and 01/06/2026, respectively, by licensed inspectors and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the facility's basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with a wireless interconnected smoke detection and burglar system that is monitored by ADT, a professionally installed and managed home security system, which was installed on 12/26/2025. According to the installation documentation, the smoke detectors were determined to be in the correct locations, interconnected and functioning properly. The ADT system utilizes wireless sensor communication and cellular transmission to ensure continuous alarm reporting. In the event of a power failure, the ADT control panel and wireless sensors automatically switch to battery back up power. The system is designed to generate alerts if communication or power issues occur.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'8" x 9'9"	94 sq ft	1
2	13'4" x 12'10"	171 sq ft	2
3	12'10" x 11'4"	145 sq ft	2
Dining Room	12'8" x 11'4"		
Living Room	13'3" x 14'6"		

The living, dining, and sitting room areas measure a total of 335 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**

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male and female ambulatory adults who diagnosis is developmentally disabled, mentally impaired, and/or physically handicapped in the least restrictive environment possible.

The applicant's program documents the facility serves individuals who require long-term residential placement as an alternative to institutionalization, as well as individuals enrolled in short-term transitional programs preparing for more independent living. The facility is designed to offer a safe, supportive, and structured environment where residents receive personalized care while working toward greater independence. Services are provided in a person-centered, culturally competent manner consistent with individual plans of service.

The applicant's program documents the facility provides comprehensive care services including assistance with personal care, medication management, meal preparation, transportation, and support with daily living needs. Services also emphasize community integration, structured day programming, crisis intervention, and access to educational, vocational, and employment opportunities to promote resident independence, safety, and overall wellbeing.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to provide specialized residential services to adults with mental illness and developmental disabilities who may require enhanced supervision, structured supports, and coordinated treatment beyond standard Adult Foster Care services. Services will be delivered in accordance with each resident's Individual Plan of Services (IPOS), Behavior Treatment Plans, Crisis Plans, and contractual obligations with Community Mental Health (CMH). Direct care staff supporting residents receiving specialized services receive training specific to the population served, including mental illness and developmental disability supports, person centered practices, behavior intervention, and de-escalation techniques, crisis prevention and intervention, trauma informed care, medication administration and monitoring and documentation

requirements related to IPOS and CMH reporting. The applicant intends to primarily accept residents from local community mental health agencies as referral sources.

The applicant shall provide or arrange transportation for residents through the use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of community enrichment activities that promote self-expression, wellness, and inclusion. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for George Atemandeh. George Atemandeh, who is identified as both the licensee and administrator, submitted a medical clearance with a statement from a physician documenting his good health, dated 12/08/2025.

George Atemandeh provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. George Atemandeh has over nine years of experience as a resident care aide for the Kalamazoo Psychiatric Hospital, with direct care experience serving individuals with mental illness, developmentally disabilities, and complex medical needs. George Atemandeh has provided individuals with assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance. 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 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 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 of 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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.

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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 – 5) with a specialized certification for the mentally ill and developmentally disabled populations.



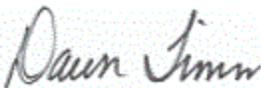
02/17/2026

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



02/18/2026

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Dawn N. Timm  
Area Manager

Date