GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2026

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

RE: License #: AS410418633
Investigation #: 2026A0583019
Aimante AFC 2

Dear Ms. Kinoro Serugo:

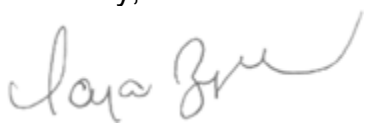
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



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 #:	2026A0583019
Complaint Receipt Date:	02/05/2026
Investigation Initiation Date:	02/05/2026
Report Due Date:	03/07/2026
Licensee Name:	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) 275-1011
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?
Staff isolate Resident A in her bedroom.	No
Staff do not provide residents with healthy meals.	Yes
Staff do not provide Resident A with her prescribed special diet.	Yes
Staff do not provide adequate supervision.	No
Additional Findings	Yes

III. METHODOLOGY

02/05/2026	Special Investigation Intake 2026A0583019
02/05/2026	Special Investigation Initiated - Letter Recipient Rights Ashton Byrne
02/06/2026	Inspection Completed On-site
02/09/2026	APS Referral
02/13/2026	Licensee designee Aimante Kinoro Serugo

ALLEGATION: Staff isolate Resident A in her bedroom.

INVESTIGATION: On 02/05/2026 complaint allegations were received via email from Recipient Rights staff Ashton Byrne. The complaint alleged that Resident A reported that Aimante, Divin and Umulisa have all told her that she needs to stay in her bedroom and is not allowed upstairs which leaves her crying.

On 02/06/2026 I completed an unannounced onsite investigation at the facility and privately interviewed staff Umulisa Irankunda, Resident A, and Resident B.

Ms. Irankunda stated that Resident A utilizes a private bedroom. She stated that Resident A is free to leave her bedroom at her leisure. She stated that the allegation was false. She stated that she has no knowledge of any staff confining Resident A to her bedroom.

Resident A stated that Ms. Irankunda and staff Divin Hatunga instruct her to “stay in your room”. She did not provide further information regarding her statement due to symptoms of her developmental disability.

Resident B stated that Ms. Irankunda instructs Resident A that “she can’t come out of her bedroom”. Resident B stated that he has observed Resident A “wants to

leave" her bedroom however Ms. Irankunda instructs Resident A that "she can't come out". Resident B stated that Resident A is instructed to stay in her bedroom by Ms. Irankunda because "she gets in trouble".

While onsite I did observe Resident A wandering freely throughout the facility.

On 02/06/2026 I interviewed Mr. Hatunga via telephone. He stated that he has never isolated Resident A to her bedroom. He stated that Resident A is allowed to exit her bedroom at her leisure.

On 02/06/2026 I interviewed licensee designee Aimante Kinoro Serugo via telephone. She stated that she has never isolated Resident A to her bedroom and has no knowledge of other staff doing so.

On 02/06/2026 I interviewed Resident C at Hope Network day program. Resident C stated that he has never observed staff isolating Resident A in her bedroom. He stated that she is free to move throughout the facility.

On 02/09/2026 I emailed Kent County Adult Protective Services supervisor Emily Pierce. Ms. Pierce confirmed that the complaint allegations are being investigated by APS staff Marques McLemore.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She stated that she agreed with the special investigation finding.

APPLICABLE RULE	
R 400.641	**Resident behavior interventions.**
	(6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following: **(h) Isolation.**
ANALYSIS:	Resident A and Resident B both stated that Resident A is instructed by staff to stay in her bedroom. Licensee designee Aimante Kinoro Serugo, staff Umulisa Irankunda, staff Divin Hatunga, and Resident C each stated that Resident A is not instructed by staff to stay in her bedroom. While onsite on 02/06/2026, I did observe Resident A wandering freely throughout the facility. 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.

CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff do not provide residents with healthy meals.

INVESTIGATION: On 02/05/2026 the complaint alleged that “since moving into Aimante AFC 2 Resident A has experienced significant and concerning weight loss”. The complaint stated that Resident A’s physician observed the facility’s menu and “expressed serious concern regarding the nutritional adequacy of the meals”.

While onsite on 02/06/2026 at approximately 11:00 AM, I observed the facility’s posted menu which was both incomplete and lacked meals that meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. I observed a sparse amount of food in the facility.

The posted menu stated the following:
Monday
Breakfast: pancake and milk
Lunch: sandwich
Dina :meatballs, spaghetti, and salad
Tuesday
Breakfast: applesauce
Lunch: burrito
Dinner: rice, soup beans and french fries
Ice cream.
Wednesday
Breakfast: toast bread and eggroll
Launch: bread bun with sausage and cheese
Dinner: chicken chicken, french fries, and broccoli
Thursday
Breakfast: yogurt and banana
Lunch: pizza roll
Dinner: sweet potato, and spinach
Friday
Breakfast: cereal
Launch: sandwich
Dinner: mashed potato, beef soup, spinach
Saturday:
Resident choice
Sunday:
Resident choice

Ms. Irankunda stated that staff do not always follow the posted menu and add additional fruits and vegetables to the meals. She stated that staff do not document food changes and substitutions. She stated that all residents are provided with three

complete meals daily and that to her knowledge, Resident A is not losing weight.

Resident A stated that this morning, staff provided her with breakfast which included yogurt. She stated she was also provided with a snack but could not recall what the snack consisted of. She stated that she had not been provided with lunch today.

Resident B stated that today he could not recall if staff he provided him with breakfast but reported that he was provided lunch by Mr. Hatunga. He stated that he could not recall what foods were included in his lunch. He stated that staff do not follow the posted menu, however he is provided with enough food.

While onsite Ms. Irankunda weighed Resident A utilizing the facility's scale and Resident A was observed to weigh 88 lbs.

On 02/06/2026 I interviewed Mr. Hatunga via telephone. He stated that staff do not always follow the posted menu and do not record meal changes and substitutions. He stated that residents are provided with a healthy amount of food. He stated that today he provided Resident A with yogurt and granola bars for breakfast. He stated that Resident A refused her protein shake and often refuses meals. He stated that Resident B slept through breakfast and was provided an early lunch which included "pizza rolls" despite the posted menu calling for a "sandwich". He stated that he did not document the meal substantiation of "pizza rolls". He stated that Resident C refused breakfast and went to his day program.

On 02/06/2026 Ms. Serugo stated via telephone that staff do not always follow the posted menu and do not document meal changes and substitutions. She stated that residents are provided with a healthy diet that includes an adequate volume of food.

On 02/06/202 I interviewed Resident C at Hope Network Day program. Resident C stated that staff do not follow the posted menu. He stated that he is provided with an adequate diet and he has no concerns.

On 02/06/2026 I received resident weight records via email from Ms. Serugo. I observed Resident A weighed 95.8 lbs. on her admission date of 11/03/2025 and 91.3 lbs. on 02/02/2026. Resident B weighed 205 lbs. on his admission date of 09/02/2025 and 209.5 lbs. on 02/02/2026. Resident C weighed 180 lbs. on his admission date of 09/02/2026 and 183.2 lbs. on 02/02/2026.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She did not agree that a violation occurred because she stated that although the staff do not follow the posted menu, staff do provide healthy meals. She stated that she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**

	(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at https://www.dietaryguidelines.gov at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.
ANALYSIS:	The facility's posted menu does not meet nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. On 02/06/2026 Resident B was provided with only pizza rolls for lunch. 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. The facility does not provide meals that meet nutritional guidelines.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff do not provide Resident A with her prescribed special diet.

INVESTIGATION: On 02/05/2026 the complaint alleged that facility staff are not providing Resident A with her prescribed special diet.

On 02/05/2026 I received an email from Ms. Byrne which contained a document entitled "Personal Goal" authored by Corewell Health Medical Nutrition Therapy Kristi Veltkamp, MS, RDN, CHWC. The document stated that Resident A's diet must include: *"3 meals + 3 snacks" and "meals must include a protein, vegetable or fruit and starch serving". The document stated that staff must "assist with meals to*

encourage" Resident A "to continue to finish meals" and "extend meal time to one hour to allow resident to complete the meal". The document stated that staff must "use Meal Plan Guide to ensure resident is getting at least 1900 calories per day" and "offer/encourage 2 Nutrition Shakes per day (equate plus)".

While onsite on 02/06/2026 at approximately 11:00 AM, I observed the facility's posted menu which was both incomplete and lacked meals that meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. I observed a sparse amount of food in the facility.

Ms. Irankunda stated that Resident A does require a special diet. She stated that staff offer Resident A three meals and two protein shakes daily. She stated that Resident A often refuses meals and shakes. She acknowledged that the posted menu does not meet basic nutritional guidelines and does not satisfy the requirements of Resident A's special diet. She stated that staff do not document Resident A's meal refusal. She acknowledged that staff do not always follow the posted menu but add additional fruit and vegetables to the meals. Ms. Irankunda stated that she extends Resident A's mealtimes to an hour.

On 02/06/2026 I interviewed Mr. Hatunga via telephone. He stated that he extends Resident A's mealtimes up to one hour and offers Resident A protein shakes at least twice per day. He stated that Resident A often refuses meals and protein shakes. He stated that he does not follow the posted menu but provides Resident A with nutritionally balanced meals.

Resident A stated that she was provided with yogurt for breakfast.

On 02/06/2026 Ms. Serugo stated via telephone that Resident A was prescribed a special diet in January 2026. She stated that staff offer Resident A two protein shakes, snacks, and three nutritionally balanced meals daily. She acknowledged that staff do not follow the posted menu and do not document changes. She acknowledged that although the posted menu is not nutritionally sound; staff add additional healthy items to the meals.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She did not agree that a violation had occurred. She stated that staff are providing Resident A with healthy meals despite the posted menu. She stated that she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.

ANALYSIS:	I observed that Resident A's "Personal Goal" document authored by Corewell Health Medical Nutrition Therapy Kristi Veltkamp, MS, RDN, CHWC. The document stated that Resident A's diet must include: *"3 meals + 3 snacks" and "meals must include a protein, vegetable or fruit and starch serving". The document stated that staff must "assist with meals to encourage" Resident A "to continue to finish meals" and "extend meal time to one hour to allow resident to complete the meal". The document stated that staff must "use Meal Plan Guide to ensure resident is getting at least 1900 calories per day" and "offer/encourage 2 Nutrition Shakes per day (equate plus)".* The facility's posted menu which was both incomplete and lacked meals that meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. I observed a sparse amount of food in the facility. Ms. Serugo stated that Resident A was prescribed a special diet in January 2026. She acknowledged that staff do not follow the posted menu and do not document substitutions. She acknowledged that the posted menu is not nutritionally sound 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. Facility staff do not provide Resident A with her prescribed special diet.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff do not provide adequate supervision.

INVESTIGATION: On 02/05/2026 the complaint alleged that Ms. Irankunda sleeps during third shift.

While onsite on 02/06/2026 Ms. Irankunda stated that she works third shift and sleeps when residents are asleep.

On 02/09/2026 I received an email from Ms. Serugo which contained Resident A, B, and C's Assessment Plans. Resident A's Assessment Plan signed 11/03/2025, Resident B's Assessment Plan signed 09/02/2025, and Resident C's Assessment Plan signed 08/25/2025 do not require staff to remain awake during sleeping hours and do not require an additional level of supervision during sleeping hours.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She stated that she agreed with the special investigation finding.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Resident A, B and C's Assessment Plans do not require staff to remain awake during sleeping hours and do not require an additional level of supervision during sleeping hours. 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.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Staff do not document meal changes and substitutions.

INVESTIGATION: While onsite on 02/06/2026 Ms. Irankunda stated that staff deviate from the posted menu and do not document meal changes and substitutions.

On 02/06/2026 Mr. Hatunga stated via telephone that staff deviate from the posted menu and do not record meal changes and substitutions.

On 02/06/2026 Ms. Serugo stated via telephone that staff deviate from the posted menu and do not document changes and substitutions.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She agreed that a violation had occurred and stated she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**

	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.
ANALYSIS:	Ms. Irankunda, Mr. Hatunga, and Ms. Serugo both stated that staff deviate from the posted menu and do not document changes and substitutions. 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. Facility staff do not document menu changes.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: The facility's staffing schedule is incorrect.

INVESTIGATION: While onsite 02/06/2026 Ms. Irankunda stated that she was originally scheduled to work at the facility this day starting at 8:00 AM but arrived at approximately 10:30 AM. She stated that Ms. Hatunga was working at the facility until she arrived and he left at approximately 10:30 AM.

On 02/06/2026 Mr. Hatunga via telephone stated that he worked at the facility until approximately 10:30 AM.

On 02/06/2025 I received an email from Ms. Serugo which contained the "Weekly Staff Schedule". The document lacks job titles, date of schedule, and scheduling changes. The document indicates that on 02/06/2026 Mr. Hatunga worked until 8:00 AM and Ms. Irankunda worked at the facility starting at 8:00 AM.

On 02/06/2026 Ms. Serugo stated via telephone that the staffing schedule lacks documentation of job titles, date of schedule, and scheduling changes. She acknowledged that on 02/06/2025 Mr. Hatunga worked at the facility until approximately 10:30 AM and Ms. Irankunda worked at the facility starting at approximately 10:30 AM. She stated that this information was not documented on the staff schedule. She stated that she was unaware that scheduling changes must be documented on the schedule.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She agreed that a violation had occurred and stated she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.639	**Staff records.**

	(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following: **(a) Names of staff on duty.** **(b) Job titles.** **(c) Hours or shifts worked.** **(d) Date of schedule.** **(e) Scheduling changes when made.**
ANALYSIS:	The "Weekly Staff Schedule" lacks the required documentation of job titles, date of schedule, and scheduling changes. The document indicates that on 02/06/2026 Mr. Hatunga worked at the facility until 8:00 AM and Ms. Irankunda worked at the facility starting at 8:00 AM. Ms. Serugo acknowledged that the staff schedule lacks documentation of job titles, date of schedule, and scheduling changes. She acknowledged that on 02/06/2025 Mr. Hatunga worked at the facility until approximately 10:30 AM and Ms. Irankunda worked at the facility starting at approximately 10:30 AM. She stated that this information was not documented on the staff schedule. 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. The facility staffing schedule lacks the required documentation of job titles, date of schedule, and scheduling changes.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: Resident A's Assessment Plan lacks required behavior interventions.

INVESTIGATION: On 02/06/2026 I received an email from Ms. Serugo which contained Resident A's Individual Plan of Service, signed 01/13/2026. The document stated that Resident A "should be checked on every two hours while she is sleeping to ensure her health/safety and well-being". The document also states that during daytime hours staff "should know where she is at all times and keep within hearing distance" and "when in the community, (Resident A) requires continually supervision with staff staying within five feet to ensure Alysha's health and safety".

On 02/09/2026 I received an email from Ms. Serugo which contained Resident A's Assessment Plan, signed 11/03/2025. The document states that Resident A can

move independently within the community and does not state the need for additional staff supervision during sleeping hours.

On 02/13/2026 I completed an exit conference via telephone with licensee designee Aimante Kinoro Serugo. She agreed that a violation had occurred and stated she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.641	**Resident behavior interventions.**
	(2) Interventions must be specified in the resident's assessment plan and performed in accordance with that plan. Interventions must ensure that the safety, welfare, and rights of the resident are adequately protected. If an intervention is needed to address the unique programmatic needs of a resident, the intervention must be developed in consultation with, or obtained from, a professional or professionals licensed, certified, or registered in that scope of practice.
ANALYSIS:	Resident A's Assessment Plan states that Resident A moves independently in the community. The document does not state that staff must check on her during sleeping hours. Resident A's IPOS states that Resident A "should be checked on every two hours while she is sleeping to ensure her health/safety and well-being". The document further states that during daytime hours staff "should know where she is at all times and keep within hearing distance" and "when in the community, (Resident A) requires continually supervision with staff staying within five feet to ensure Alysha's health and safety". 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. Resident A's Assessment Plan does not adequately address required behavioral interventions to safeguard her wellbeing.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

02/13/2026

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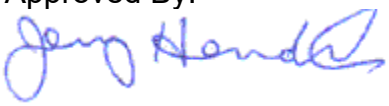
Toya Zylstra Date
Licensing Consultant

Approved By:



02/13/2026

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Jerry Hendrick Date
Area Manager