



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2026

Juvenal Rutaramirwa
BETTER LIVING AFC LLC
448 Van Allen St Se
Grand Rapids, MI 49548

RE: License #: AS410419552
Better Living Wingate
2918 Wingate Dr SE
Kentwood, MI 49512

Dear Juvenal Rutaramirwa:

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 #:	AS410419552
Licensee Name:	BETTER LIVING AFC LLC
Licensee Address:	448 Van Allen St Se Grand Rapids, MI 49548
Licensee Telephone #:	(480) 570-4843
Licensee Designee:	Juvenal Rutaramirwa
Administrator:	Cedric Disengi
Name of Facility:	Better Living Wingate
Facility Address:	2918 Wingate Dr SE Kentwood, MI 49512
Facility Telephone #:	(616) 406-4095
Original Issuance Date:	10/15/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/8/2026

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 4 Role: Administration

- 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 going out for lunch for her birthday so meal service did not occur, kitchen was inspected.
- 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
Previously approved for minor variance, however resident turned 18 on 4/8/26.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On 4/8/26, I completed an exit conference with Mr. Rutaramirwa and Mr. Disengi. Consultation was provided regarding maintaining accurate menus and nutritionally balanced food in the home while respecting Resident A's preferences and diabetes management needs, as well as maintaining a substitution log if the menu is altered. Consultation was provided regarding documenting prescribed blood sugar checks in the medication administration record. General consultation regarding licensing rules and procedures was discussed as well. Mr. Rutaramirwa and Mr. Disengi did not dispute my findings or recommendations.

IV. RECOMMENDATION

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

Cassandra Duursma

4/8/26

Cassandra Duursma
Licensing Consultant

Date