



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 13, 2026

Asnakech Mengistu  
Azmed AFC LLC  
5875 Green Rd  
Haslett, MI 48840

RE: Application #: AS330420043  
**Azmed AFC 2 Okemos**  
**2315 Hamilton Rd**  
**Okemos, MI 48864**

Dear Ms. Mengistu:

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 cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330420043
<b>Applicant Name:</b>	Azmed AFC LLC
<b>Applicant Address:</b>	5875 Green Rd Haslett, MI 48840
<b>Applicant Telephone #:</b>	517-515-3060
<b>Licensee Designee:</b>	Asnakech Mengistu
<b>Administrator:</b>	Asnakech Mengistu
<b>Name of Facility:</b>	Azmed AFC 2 Okemos
<b>Facility Address:</b>	2315 Hamilton Rd Okemos, MI 48864
<b>Facility Telephone #:</b>	(517) 220-4727
<b>Application Date:</b>	11/03/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

11/03/2025	Enrollment
11/03/2025	Application Incomplete Letter Sent requested 1326/RI030, EIN letter
11/03/2025	PSOR on Address Completed
11/03/2025	Contact - Document Sent- forms sent
11/17/2025	Contact - Document Received
11/17/2025	File Transferred To Field Office
11/18/2025	Application Incomplete Letter Sent- Sent via email to applicant.
12/16/2025	Contact - Document Received- Documents received from applicant
01/11/2026	Application Incomplete Letter Sent- Documents reviewed and updated application incomplete letter sent to applicant via email.
01/17/2026	Contact - Document Received- Documents received via email from applicant.
01/22/2026	Application Incomplete Letter Sent- Documents reviewed. Updated application incomplete letter emailed to applicant.
02/01/2026	Contact - Document Received- documents received from applicant.
02/03/2026	Contact - Document Sent- Documents reviewed. Updated email sent to applicant requesting additional documents.
02/08/2026	Contact - Document Received- Floor plan and program statement received via email.
02/10/2026	Contact - Document Sent- Updated list of documents still required. Email sent to applicant.
02/20/2026	Contact - Document Sent- Documents reviewed and updated requirements sent via email to applicant.
03/06/2026	Contact - Document Received- Final documents received and approved. Email sent to applicant to schedule on-site inspection.
03/12/2026	Application Complete/On-site Needed

03/12/2026	Inspection Completed On-site
03/12/2026	Inspection Completed-BCAL Sub. Compliance
04/08/2026	Inspection Completed On-site
04/08/2026	Inspection Completed-BCAL Full Compliance

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

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

The home located at 2315 Hamilton Rd. in Okemos, MI, is a 6-bedroom, 3-bathroom ranch home with a walkout basement. The home is in Meridian Township in Ingham County. The Red Cedar River flows along the edge of the backyard and provides stunning views. The home is located within walking distance of many restaurants and shopping facilities, including the Meridian Mall. The main floor consists of three double occupancy resident bedrooms and two full bathrooms. The main entrance walks into the dining room/living room combined area. The living room is equipped with a wood burning fireplace, which the applicant has agreed to keep disabled for safety purposes. To the right of the living room is a hallway that leads to the first bathroom which is equipped with a walk-in tub/shower ideal for residents with limited mobility. At the end of this hallway are two double occupancy resident bedrooms. One of these bedrooms is a large bedroom with many windows providing a great deal of natural light and amazing views of the Red Cedar River. To the left of the living room area the home leads to the kitchen and a den area. Adjacent to the kitchen is another full bathroom equipped with a stand-up shower. There is an exit door next to this bathroom which leads to a two-car garage. This exit door will not be one of the two means of egress as the overhead garage door is the only passage out of the garage. The garage is not equipped with a manual side exit door. The den is equipped with a sliding glass door which will be the second means of egress from the home. This sliding glass door leads to an elevated deck which is equipped with a tall staircase that cascades down to the backyard patio area. This staircase is equipped with handrails on all open sides. To the left of the den is a short hallway which leads to the laundry room which is equipped with a washer and electric dryer. Next to the laundry room is the third double occupancy bedroom. The room features many windows, providing natural light and overlooking the Red Cedar River. This bedroom has built-in shelving units along one entire wall and another, smaller, built-in unit along the entry wall. These built in units will be used as closet and dresser space due to size and the addition of bars to hand clothing and other personal effects.

The home has an entrance to the basement located at the kitchen and den area. The basement is a fully finished space with walkout doors that lead to the backyard. The

basement is equipped with a living room, kitchen, full bathroom, and three bedrooms. The living room located in the basement is also equipped with a wood burning fireplace which the applicant as agreed to keep disabled due to safety purposes. The basement can be used for resident activities as there are two forms of egress with a walkout patio door and multiple egress windows in the bedroom areas. The bedrooms in the basement will not be licensed for resident use at this time. This home cannot be considered handicap accessible as the two forms of egress from the home are not equipped with approved wheelchair ramps. Each form of egress, all resident bedrooms, and bathrooms are equipped with positive-latching non-locking against egress hardware. This home utilizes public sewer and water services.

The natural gas furnaces and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The home has two furnaces, one at the bottom of the basement stairs contained in a mechanical room with a 1 3/4 inch self-closing fire door and another located in one of the basement bedrooms, along with the water heater, with a 1 3/4 inch self-closing fire door. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The furnace and electrical system were inspected on 12/19/25 (furnace) and 12/14/25 (Interconnected smoke detection system) by Newsome Remodeling LLC, respectively, 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 basement.

**Due to the homes proximity to the Red Cedar River it is of utmost importance that the applicant provides proper supervision of all residents due to the potential for drowning or other water related injuries. This has been discussed with the applicant during the licensing process on multiple occasions.**

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8ft x 13'5ft + 9'9ft x 13ft	283.3sqft	2
2	13'5ft x 11'8ft	156.5sqft	2
3	10'3ft x 19'2ft	196.5sqft	2
Dining room	17'6ft x 13'9ft	240.6sqft	N/A
Living Room (1 <sup>st</sup> floor)	12'2ft x 13'5ft	163sqft	N/A
Den	11'9ft x 16'5ft	192.9sqft	N/A

Living Room (basement)	24'7ft x 11'9ft	288.9sqft	N/A
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The living, dining, and sitting room areas measure a total of 885.4sqft 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 **six (6)** 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, 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 (6) male or female ambulatory adults whose diagnosis is developmentally disabled, aged, or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents from CEI-CMH, Tri County Office on Aging, or private pay individuals as a referral source.

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

The licensee will arrange for all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

**C. Applicant and Administrator Qualifications**

The applicant is Azmed AFC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 3/8/23. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Azmed AFC, L.L.C. have submitted documentation appointing Asnakech Mengistu as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Asnakech Mengistu. Asnakech Mengistu submitted a medical clearance request with statements from a physician documenting their good health with no communicable diseases.

Asnakech Mengistu has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Mengistu provided a resume highlighting multiple years working as a certified nursing assistant in different settings, including nine years working in the Cardiac Intensive Care Unit at Sparrow Health System and six years providing direct personal care services in licensed adult foster care facilities to residents diagnosed with developmental disabilities and mental illness.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff –to- 6 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 not be awake during sleeping hours. Ms. Mengistu has reported that all resident bedrooms will be equipped with wireless call lights to ensure residents can contact the direct care staff member working throughout the night. She further reported that the home is equipped with an ADT security system which has door alarm features informing the direct care staff when a door has been opened. Ms. Mengistu acknowledges that if a resident's assessment plan indicates the need to have awake staff this will be provided or the resident will be provided a discharge notice.

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 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 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 due to the nature of the second means of egress from the sliding glass door requiring a resident who can traverse a staircase, that residents with mobility impairments should not reside at this 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.

**RECOMMENDATION:**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a maximum capacity of six residents.



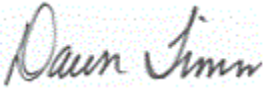
4/13/26

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Jana Lipps  
Licensing Consultant

Date

Approved By:



04/13/20/26

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Dawn N. Timm  
Area Manager

Date