



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Unity Garden LLC
Attn: J. Bizimana
5226 Rischow Ct SW
Wyoming, MI 49509

RE: Application #:	AS410419383 Unity Garden AFC 5226 Rischow Ct SW Wyoming, MI 49509
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Dear Jack Bizimana:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419383
Licensee Name:	Unity Garden LLC
Licensee Address:	5226 Rischow Ct SW Wyoming, MI 49509
Licensee Telephone #:	(616) 723-4524
Administrator/Licensee Designee:	Scovia Nyiramugisha, Administrator Jack Bizimana, Licensee Designee
Name of Facility:	Unity Garden AFC
Facility Address:	5226 Rischow Ct SW Wyoming, MI 49509
Facility Telephone #:	(616) 723-4524
Application Date:	04/01/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/01/2025	On-Line Enrollment
04/02/2025	PSOR on Address Completed
04/02/2025	Contact - Document Sent forms sent
04/11/2025	Contact - Document Received
04/11/2025	Contact - Document Sent need AFC100
04/22/2025	File Transferred To Field Office
08/07/2025	Contact - Document Sent File Transferred to E. Elliott, 010356.
08/07/2025	Application Incomplete Letter Sent App incomplete letter sent to applicant, Jack Bizmana.
08/18/2025	Contact - Document Sent email sent with app incomplete letter attached.
08/18/2025	Contact - Telephone call made To applicant re: app incomplete letter
08/20/2025	Contact - Document Received Text from Jack asking how to change his AFC family home app to a small group home app. I contacted Ashley Harris for contact info to send him.
10/21/2025	Application Incomplete Letter Sent For new license as small group home.
10/31/2025	Contact - Document Sent Text applicant that the change from family home application to small group home application has been made.
11/29/2025	Contact - Document Received Documents received.
12/19/2025	Inspection Completed On-site
12/19/2025	Inspection Completed-BCAL Sub. Compliance
12/23/2025	Confirming Letter Sent

03/05/2026	Inspection Completed On-Site
03/05/2026	Contact - Document Received verification of front screen door removal.
03/09/2026	Contact - Document Received verification of corrections
03/30/2026	Recommend License Issuance
03/31/2026	Temporary License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a ranch style home at the end of a Cul-de-sac in a subdivision that is made up of similarly built homes. There are three main floor bedrooms for residents and one full bathroom for residents use. There is another full bathroom in the larger resident bedroom for use by the occupants of that room only. Traffic cannot go through the bedroom to use that bathroom and therefore, it can only be utilized by the 2 residents that occupy that bedroom. As you enter the home through the front door, there is a hallway to the left where the full bathroom and residents rooms 1&2 are located. The second bedroom has a door that opens to the hallway and to the living room. Off the front entryway is the door to the lower level that residents will not utilize and a door leading to the garage. The kitchen, dining room and living room are open areas as you enter into the home from the front door. Off the living room is a covered deck outside. The home has 2 approved means of egress from the main floor, the home is not wheelchair accessible and does not have 2 ramps from the first floor. The home utilizes public water and sewer.

The gas, furnace 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 top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.83X10	98.3	1
2	10.58X11	116	1
3	13.75X11.66	160	2

The living, dining, and sitting room areas measure a total of 332 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 **four** 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 **four** (4) male or female ambulatory adults whose diagnosis is developmentally disabled 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 Kent County-DHHS, Kent County CMH, area agencies 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 provide 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 Unity Garden, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/21/2025. 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 Unity Garden, L.L.C. have submitted documentation appointing Jack Bizimana as Licensee Designee for this facility and Scovia Nyiramugisha as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee designee and the administrator. The applicant/licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to-4 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 acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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) 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 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 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 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, 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 that a separate *Resident Funds Part II BCAL-2319* form 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 4).
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Elizabeth Elliott

03/31/2026

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/31/2026

Jerry Hendrick
Area Manager

Date