



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 6, 2026

Isaac Ogola  
ACK Serenity Homes LLC  
2873 Nordic Avenue  
Kalamazoo, MI 49004

RE: Application #: AS390419843  
**ACK Serenity Homes**  
**1327 Sherwood Avenue**  
**Kalamazoo, MI 49048**

Dear Isaac Ogola:

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 and specialized certification for developmentally disabled and mentally ill populations, 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 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**

**License #:** AS390419843

**Licensee Name:** ACK Serenity Homes LLC

**Licensee Address:** 617 Dwight Avenue  
Kalamazoo, MI 49048

**Licensee Telephone #:** (269) 271-8292

**Administrator:** Isaac Ogola

**Licensee Designee:** Isaac Ogola

**Name of Facility:** ACK Serenity Homes

**Facility Address:** 1327 Sherwood Avenue  
Kalamazoo, MI 49048

**Facility Telephone #:** (269) 271-8292

**Application Date:** 08/19/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

08/19/2025	On-Line Enrollment
08/20/2025	PSOR on Address Completed
08/20/2025	Contact - Document Sent - forms sent
08/20/2025	Contact - Document Sent - BFS letter sent via email
09/03/2025	Contact - Document Received
09/03/2025	File Transferred To Field Office
09/04/2025	Comment - Conducted business search of licensee.
09/04/2025	Application Incomplete Letter Sent - sent via email
09/16/2025	Contact - Telephone call received - LD had questions re: electrical/heat inspection and documentation for both Admin/LD. Discussed BFS process.
09/16/2025	Contact - Document Received - Email from LD requesting clarification on requirements if LD/Admin were same or different person.
10/07/2025	Contact - Document Received - Email from LD regarding city zoning question
11/19/2025	Contact - Document Received - Received personnel policies, confidentiality agreement, fire inspection report, home inspection reports including furnace, administrator training, zoning approval letter.
11/20/2025	Contact - Document Sent - Emailed LD back acknowledging receipt of documents. Requested an update on BFS conducting their inspection. LD emailed back expressing confusion with BFS process.
11/20/2025	Contact - Document Sent - Forwarded LD's email regarding confusion with BFS to local BFS inspector requesting assistance or direction.
11/20/2025	Contact - Telephone call received - Received phone call from BFS, Ken Howe, stating he was forwarding my email to his supervisor for assistance because LD needs to connect with Plan Review before project is assigned to Ken Howe.

11/21/2025 Application Incomplete Letter Sent- Sent updated application incomplete ltr based on my review of documentation provided on 11/19/2025

11/21/2025 Consultation Requested/Provided - Licensee designee has submitted several docs with an address of 1327 Sherwood whereas the facility's address is 617 Dwight - same physical address, but using the cross street address. I have requested documents reference facility address of 617 Dwight, but provided consultation on submitting new application with 1327 Sherwood identified as address if he rather use this.

11/21/2025 Contact - Document Received - Licensee Designee's CPR/1st aid verification of training

11/25/2025 Contact - Document Received - LD submitted signed and dated updated/amended application with correct address of 1327 Sherwood Ave (this is the cross street and main address). 617 Dwight Ave will not be used as the facility's address.

11/26/2025 Contact - Document Received  
Updated electrical, furnace, and hot water heater inspection.

11/29/2025 Application Incomplete Letter Sent – Upon review of docs received, sent app incomplete letter to LD

12/15/2026 Contact – Document Received – Updated application reflecting change in capacity – medium to small facility – capacity of 6

12/16/2026 Contact – Document Sent – forwarded updated application to Licensing Unit to update BITS.

12/27/2025 Contact - Document Received - Received floor plan and medical clearance for LD and admin

12/29/2025 Contact - Document Received - Job description, budget, program/admission/refund/discharge statements/policies, org chart, staffing ratio, emergency evac layout, lease agreement.

01/02/2026 Contact - Document Received - Reviewed property tax review. Different owner listed compared to what is documented on lease. Additionally, summer/winter 2025 taxes have not been paid.

01/02/2026 Application Incomplete Letter Sent - Sent via email to LD based on my review of documentation

01/10/2026	Contact - Document Received - Received: Updated program statement, refund policy, discharge policy and admission policy; Emergency action plan; however, it did not contain all the things needed; updated floor plans; Standard procedures; Updated personnel policies including mandatory reporting, training requirements, and Resident care related prohibited practices; updated proposed staffing pattern, and updated org chart.
01/16/2026	Application Incomplete Letter Sent - Sent app incomplete letter based on my review of docs received on 01/10
01/22/2026	Contact - Document Received - Received updated resume to reflect at least 1 year of experience with requested populations, permission to inspect letter, basement layout/evacuation plan, copy of resident rights personnel policies.
01/22/2026	Contact - Telephone call received - Applicant sought clarification on permission to inspect.
01/23/2026	Contact - Document Sent - Sent email to applicant. Requested documentation to reflect facility owner name change and verification of payment plan with city regarding taxes.
01/24/2026	Application Incomplete Letter Sent - regarding info received on 01/22/2026
01/24/2026	Contact - Document Received - Received updated emergency personnel policies.
01/26/2026	Application Incomplete Letter Sent - Sent email regarding paperwork.
02/05/2026	Inspection Completed On-site
02/05/2026	Inspection Completed-BCAL Sub. Compliance
02/06/2026	Confirming Letter Sent
03/06/2026	Application Complete/On-site Needed
03/06/2026	Inspection Completed On-site
03/06/2026	Inspection Completed-BCAL Sub. Compliance

03/06/2026	Inspection Completed-Env. Health : A - Facility has public water/sewer
03/09/2026	Confirming Letter Sent - Regarding inspection from 03/06/2026
03/09/2026	Contact - Document Sent - Sent confirming letter from 3/6/26 onsite inspection
03/09/2026	Contact - Document Received - Approved smoke alarm report
03/10/2026	Contact - Document Received - Updated emergency preparedness plan
03/27/2026	Contact - Document Received - Received property owner's marriage license confirming name change.
03/30/2026	Inspection Completed-BCAL Full Compliance
04/03/2026	Contact – Document Received - Letter appointing Isaac Ogola as the Administrator/LD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is located within a primarily residential neighborhood consisting of single family homes with moderate traffic. The facility has driveway parking and supplemental on-street parking available as permitted for staff and visitors. The facility's location provides convenient access to major roadways, including I-94 highway, located approximately 5-7 minutes from the facility, and US-131 highway, located approximately 10-12 minutes away. The facility is located approximately 5 minutes from downtown Kalamazoo and approximately 10 minutes from Portage, providing access to a wide range of community and commercial resources.

Essential services are located within proximity to the facility. Grocery and retail options, including Town and Country Supermarket and Midtown Fresh Market, are located within approximately 5-10 minutes. Larger retail and big box stores, including Meijer, Walmart, and Target, are located within 10-15 minutes. Fuel and convenience stores including Shell and Circle K are also available within approximately 5-10 minutes. Emergency medical services are readily accessible, with Bronson Methodist Hospital located approximately 5-7 minutes from the facility and Beacon Hospital located approximately 10-12 minutes away. Additional medical offices and urgent care facilities are located throughout the surrounding area.

Due to the facility's location, it utilizes both public water and sewer, which were both inspected by the Bureau of Community Health System on 03/06/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The facility's property owner is identified as Victoria Kavunja, who is also known as Victoria Ongwela (maiden name) as verified through the City of Kalamazoo property tax records and a 2025 Summer Property Tax Statement. Victoria Kavunja provided documentation granting Licensing and Regulatory Affairs (LARA) permission to inspect the property and authorizing Thomas Ongwela to manage property related matters, including executing lease agreements with the applicant. A Residential Lease Agreement, dated 12/23/2025, between Thomas Ongwela and the applicant is on file. Victoria Kavunja also provided permission for the applicant to operate an adult foster care facility on the premises.

The facility is a two story home with an unfinished basement. The primary means of egress is located at the front of the facility via a porch and the secondary means of egress is located on the right side of the facility off the kitchen. The facility has one wheelchair ramp at the secondary means of egress; however, a second ramp or additional exit at grade is not present; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

Upon entry into the facility from the secondary means of egress, which is the entrance most directly accessible from the driveway, you enter the kitchen area. The kitchen includes a gas stove, microwave, sink, dishwasher, refrigerator and freezer. The kitchen opens into a central dining and living area. Off this central area are two bedrooms and a short hallway leading to the primary means of egress, which exits onto a covered porch. This hallway also provides access to the stairs leading to the second level.

The bedroom directly across from the dining room includes an ensuite bathroom equipped with a stand up shower, toilet, sink and window for ventilation. This bedroom is designated for staff use and will not be immediately utilized for resident occupancy.

A hallway extending from the kitchen leads to an additional resident bedroom and a bathroom equipped with a stand up shower, sink, toilet, and both a window and mechanical fan for ventilation. An additional bedroom located off the kitchen will initially be designated for staff use as an office. This room has a third means of egress from the main floor; however, the door is secured and locked due to a several foot exterior drop and lack of a landing. The stairs to the basement are also located within the kitchen.

The second floor opens into a central living area. Off this living area are two resident bedrooms. A hallway extends toward the rear of the facility and provides access to two additional resident bedrooms, a bathroom equipped with a standup shower, sink, toilet, and mechanical fan for ventilation, and a secondary stairway leading to the rear of the facility, exiting on the porch near the secondary means of egress.

The basement consists of storage space and houses the boiler system, hot water heater, fire alarm panel, and gas washer and dryer. The facility's clothes dryer is vented to the outside using permanent metal duct work. The basement will not be utilized for resident activities.

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 basement stairs to create floor separation between the basement and main floor. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The boiler system, hot water heater, and electrical system were inspected on 10/14/2025 by a certified professional inspector and all systems were determined to be in good condition and functioning properly.

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 interconnected, hardwired smoke detection system with battery backup, and three pull stations. The system was inspected by CertaSite, a commercial fire protection and life safety services provider, on 10/02/2025 and 11/19/2025 and determined to be fully operational and in good condition. The system includes initiating devices (e.g. smoke detectors), and indicating devices (e.g. audible/visual alarms) designed to detect and alert occupants in the event of a fire. Sixteen smoke detectors are located throughout the facility including in each resident bedroom, hallways, living/dining room areas, on each floor, and in the basement.

The facility's side yard has a partial chain link fence with a gate; however, the applicant acknowledged an understanding gates must not be locking against egress.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	7'8" x 11"	84 sq ft	1
2 (staff office)	17'4" x 11'5"	197 sq ft	1 or 2
3	11'8" x 9'9"	113 sq ft	1

(staff bedroom with ensuite bathroom)			
4	12'8" x 15'4"	194 sq ft	1 or 2
5	15'1" x 13'5"	202 sq ft	1 or 2
6	9'10" x 12'1"	118 sq ft	1
7	11'7" x 7'9"	89 sq ft	1
8	7'1" x 11'5"	80 sq ft	1

The living, dining, and sitting room areas measure a total of 435 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, 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 **six (6)** male and female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, and aged in the least restrictive environment possible.

The program provides personal care, medication management, meal preparation, housekeeping, transportation, and access to recreational and community based activities. The program emphasizes a person centered approach focused on promoting independence, enhancing quality of life, ensuring safety, and well being, supporting health needs through coordination of care, and encouraging community inclusion.

The applicant intends to provide a specialized program. This program will comply with specialized certification requirements, including completion of evacuation assessments within 30 days of admission and annually thereafter, and implementation of all recommended support and treatment plans. The program's staffing levels will be sufficient to meet residents' needs and implement individual plans of service. Staff working independently will complete required training covering direct care staff fundamentals, needs of individuals with mental illness and developmental disabilities, person care and health maintenance infection control, nutrition, medication administration, emergency preparedness, first aid/CPR, resident rights, and non aversive behavior management techniques.

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 accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, or private pay individuals as referral sources.

The applicant shall provide or arrange transportation services for residents and shall ensure immediate emergency transportation through 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 leisure and recreational equipment. 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 is ACK Serenity Homes LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 07/18/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

ACK Serenity Homes, LLC is the applicant. Isaac Ogola is identified as the resident agent on the State of Michigan business registry. He documented Sarah Birungi and Pamela Kenouse are also owners of the business. Both Sarah Birungi and Pamela Kenouse documented that they appointed Isaac Ogola as the Administrator and Licensee Designee who is responsible for overseeing daily operations and conducting business on behalf of ACK Serenity Homes, LLC. Documentation provided identified Sarah Birungi as providing program oversight and Pamela Kenouse as being responsible for program governance.

A licensing record clearance request was completed with no LEIN convictions recorded for Isaac Ogola. He submitted a medical clearance with a statement from his physician, dated 09/15/2026, documenting he has no physical, mental or health condition that would limit his ability to work with or around dependent adults.

The applicant, Isaac Ogola, has a bachelor's degree in accounting and has extensive experience in finance, compliance, and administration, including roles as Associate Director of Finance and Human Resources Compliance and Analytics Representative. His resume documents a strong knowledge in financial management, regulatory compliance, staff training, and organizational oversight. Isaac Ogola also has

approximately two years of direct care experience working with vulnerable populations, including individuals with developmental disabilities, physical impairments, mental illness, and the elderly. As a direct care staff, Isaac Ogola provided personal care assistance such as bathing, grooming, toileting, mobility assistance, medication support, behavioral monitoring, documentation of care and progress, communication with responsible agencies and guardians, and coordination of appointments and services.

Additionally, Isaac Ogola has experience in staff training, policy implementation, and compliance with program and regulatory requirements, demonstrating the ability to oversee operations and ensure quality care within a licensed setting. This combined background in direct care and administrative oversight supports the applicant's qualifications to operate and manage an adult foster care facility. Additionally, Isaac Ogola provided the training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 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.

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 temporary license and specialized certification for the developmentally disabled and mentally ill populations to this AFC adult small group home with a maximum capacity of six residents.

*Cathy Cushman*

04/06/2026

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

04/06/2026

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Dawn N. Timm  
Area Manager

Date