GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

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

RE: Application #: AS410420083
Better Living Springmont
4624 Springmont Dr SE
Kentwood, MI 49512

Dear Juvenal Rutaramirwa:

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 (616) 356-0100.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410420083
Applicant Name:	BETTER LIVING AFC LLC
Applicant Address:	448 Van Allen St Se Grand Rapids, MI 49548
Applicant Telephone #:	(480) 570-4843
Administrator:	Cedric Disengi Manzi
Licensee Designee:	Juvenal Rutaramirwa
Name of Facility:	Better Living Springmont
Facility Address:	4624 Springmont Dr SE Kentwood, MI 49512
Facility Telephone #:	(480) 570-4843
Application Date:	11/17/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/17/2025	Enrollment
11/17/2025	Application Incomplete Letter Sent
11/17/2025	PSOR on Address Completed
11/17/2025	File Transferred To Field Office
11/26/2025	Application Incomplete Letter Sent
04/02/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Better Living Springmont adult foster care home is located in a suburban residential neighborhood in Kentwood, MI. It is off 44th St past Walma Avenue. It is within two miles of several shopping areas, restaurants, and community resources. The home utilizes public water and sewer. There is a driveway, as well as on-street parking.

The home is owned by Filloreta Elezi as confirmed by property taxes. There is a lease to Better Living LLC which was received. Permission was granted from Filloreta Elezi for the home to operate as an Adult Foster Care facility and for Licensing and Regulatory Affairs to inspect the property.

Better Living Springmont is a bi-level home. There is a primary means of egress through the front door of the home and secondary means of egress through a sliding glass door on both the upper and lower level into the backyard and a door through the garage. The home does not have exits at grade or ramps located at two approved means of egress on the main floor. The home is not wheelchair accessible at this time and cannot accept residents who require the regular use of a wheelchair.

Upon entering the home through the front door, there is a stairway which leads to the upper level. The upper level includes a living room, dining room, the kitchen, a communal, full bathroom, one semi-private resident bedroom, and a private resident bedroom.

The stairway also leads to the lower level of the home which includes a kitchenette, a staff area, one private resident bedroom, one semi-private resident bedroom, a communal, full bathroom, and the home's heating plant.

The gas furnace and water heater are located in the home's heating plant in the basement of the home. The heating plant is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door equivalent in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware.

The furnace and water heater were inspected by a licensed professional and both were determined to be in good condition and to function properly.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are in all required areas. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'9" x 11'11"	164	2
2	11'1" x 11"1"	123	1
3	12'9" x 10'7"	135	1
4	13'5" x 11'11"- 2'2" x 7'	145	2

The living area measure a total of 255 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** 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 four male and female, ambulatory, adult whose diagnosis is developmentally disabled and mentally impaired in the least restrictive environment possible.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the facility and in the community. The applicant intends to accept residents for placement from local Department of Health and Human Services, programs and agencies working with vulnerable/aged adults, local community mental health, and private pay individuals as referral sources.

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 will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but 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 Better Living AFC LLC which is a “Domestic Limited Liability Company” established on 05/05/2023. 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 Board of Directors of Better Living AFC LLC has submitted documentation appointing Licensee Designee, Juvenal Rutaramirwa, and Administrator, Cedric Disengi Manzi.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee and administrator. Mr. Rutaramirwa submitted a medical clearance with a statement from a physician documenting his good health. Mr. Manzi also submitted a medical clearance with a statement from a physician documenting his good health and verification he has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Rutaramirwa and Mr. Manzi operate multiple other adult foster care homes which are all in good standing at the time of this report.

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 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 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 residents' 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 of four.

Cassandra Duursma 5/18/2026

Cassandra Duursma Date
Licensing Consultant

Approved By:

Jerry Hendrick 05/18/2026

Jerry Hendrick Date
Area Manager