GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 13, 2026

Esther Mulili
Nyumbani AFC LLC
5455 Lucerne Ave
KALAMAZOO, MI 49048

RE: Application #: AS390420366
Nyumbani AFC
5455 Lucerne Ave
Kalamazoo, MI 49048

Dear Esther Mulili:

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 4 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,

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390420366
Licensee Name:	Nyumbani AFC LLC
Licensee Address:	5455 Lucerne Ave KALAMAZOO, MI 49048
Licensee Telephone #:	(269) 779-8794
Licensee Designee:	Esther Mulili
Administrator:	Catrina Ray
Name of Facility:	Nyumbani AFC
Facility Address:	5455 Lucerne Ave Kalamazoo, MI 49048
Facility Telephone #:	(269) 779-8794
Application Date:	03/03/2026
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/03/2026	On-Line Application Incomplete Letter Sent 1326/RI030, AFC100 & IRS Letter req'd
03/03/2026	On-Line Enrollment
03/09/2026	Contact - Document Sent forms sent
04/29/2026	Contact - Document Received forms rec'd
05/08/2026	Application Incomplete Letter Sent
05/12/2026	Contact – Document Received Admission and Discharge Policy, Emergency Procedures, Budget, Organizational Chart, Program Statement, Proposed Staffing Pattern, Refund Policy, Personnel Policies, Job Descriptions, Medical Clearance, Education Verification. HVAC Inspection, Fire Inspection.
06/04/2026	Contact – Document Received Medical Clearance, Special Certification Application, Training.
06/23/2026	Inspection Completed On-site
06/23/2026	Inspection Completed-BCAL Sub. Compliance
06/30/2026	Confirming Letter Sent.
07/10/2026	Inspection Completed On-site BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home located in a suburban neighborhood in the charter township of Comstock. This facility is less than three miles from Beacon Kalamazoo Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of the home. Staff and visitor parking is located near the front entry of the home with a double lane driveway and curbside parking on the street.

The kitchen, living room, dining room, two private resident bedrooms and one semi-private resident bedroom are located on the main level. Attached to the back of the

facility is a spacious outside deck, as well as an attached covered porch. One means of egress is located at the front entrance and another means of egress is in the kitchen. This facility is not wheelchair accessible. This facility has public water and sewer systems.

The furnace was inspected on 02/16/2026 and is fully operational. A 1 ¾-inch solid wood core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement level and is accessible from the kitchen, creating floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was inspected by a licensed electrician on 04/29/2026 and is fully operational. Smoke detectors are located in all sleeping areas, kitchen, living areas along with all areas that contain flame or heat producing equipment. Fire extinguishers are located on each level of the facility, including 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	12’ X 8’	96	1
2	14’ X 10’	140	2
3	11’ X 10’ 3’ X 5’	125	1

The indoor living and dining areas measure a total of 258 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate four (4) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident’s *Assessment Plans for AFC Residents* and individual plans of service. 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 and or mentally ill 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 has applied for specialized program certification and intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan. 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 transportation for programming and medical needs as specified in the *Resident Care Agreement.* The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for recreational activities and community integration and appointment coordination.

C. Applicant and Administrator Qualifications

The applicant is Nyumbani AFC LLC, and it is a "Domestic Limited Liability Company" which was incorporated on July 26, 2018. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs' website demonstrates it has an active status. 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 Nyumbani AFC LLC has submitted documentation appointing Esther Mulili as Licensee Designee and Catrina Ray as Administrator of the facility. A criminal background check of Esther Mulili and Catrina Ray was completed, and Esther Mulili and Catrina Ray are determined to be of good moral character to provide licensed adult foster care. Esther Mulili and Catrina Ray have submitted a statement from a physician documenting their good health.

Esther Mulili and Catrina Ray have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Esther Mulili and Catrina Ray have provided proof of required training in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care and Working with People. Esther Mulili has over ten years of experience providing direct care to the populations that will be served in this facility. Catrina Ray has over five years of experience providing direct care to the populations that will be served in this facility.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff for four residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet, and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all 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 acknowledged an understanding of the administrative rules requiring that each resident is informed of their resident rights and provided with a copy of those

rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for 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 acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 six-month temporary license to this adult foster care small group home with a capacity of four (4) residents.

07/10/2026

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Eli DeLeon Date
Licensing Consultant

Approved By:

07/13/2026

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Dawn N. Timm Date
Area Manager