



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2026

Glover Iyoha
GLO LLC
Aldersgate Dr
Portage, MI 49024

RE: Application #: AS390420524
Avera Care
1714 Upland Dr
Kalamazoo, MI 49048

Dear Glover Iyoha:

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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

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 #:	AS390420524
Licensee Name:	GLO LLC
Licensee Address:	1714 Upland Dr Kalamazoo, MI 49048
Licensee Telephone #:	(269) 519-0889
Licensee Designee:	Glover Iyoha
Administrator	Glover Iyoha
Name of Facility:	Avera Care
Facility Address:	1714 Upland Dr Kalamazoo, MI 49048
Facility Telephone #:	(269) 519-0889
Application Date:	04/13/2026
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/13/2026	On-Line Application Incomplete Letter Sent 1326/RI030, IRS Letter req'd
04/13/2026	On-Line Enrollment
04/16/2026	Contact - Document Sent forms sent
05/06/2026	Contact - Document Received 1326/RI030, IRS Ltr rec'd
05/08/2026	Application Incomplete Letter Sent
05/31/2026	Contact-Documentation-Training.
05/31/2026	Contact-Documentation Received-Admission and Discharge Policy, Emergency Procedures, Budget, Organizational Chart, Program Statement, Proposed Staffing Pattern, Refund Policy, Personnel Policies, Job Descriptions, Medical Clearance, Trainings, Education Verification, Floor Plan.
06/12/2026	Contact-Documentation-HVAC Inspection, Fire Inspection.
06/23/2026	Inspection Completed On-site
06/23/2026	Inspection Completed-BCAL Sub. Compliance
06/30/2026	Contact-Documentation-Confirming Letter Sent.
07/12/2026	Contact-Documentation-Special Certification Application.
07/16/2026	Contact-Email-Confirming Letter Corrections.
07/20/2026	Inspection Completed On-site
07/21/2026	Inspection Completed On-site BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story cape cod style home located in a suburban neighborhood in the charter township of Kalamazoo. The property is owned by Glover and Megan Iyoha. This facility is less than two 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 single lane driveway and curbside parking on the street.

The kitchen, living room, family room, full bathroom and two private resident bedrooms are located on the main level. The second story of this facility is accessible from a main level hallway and has one semi-private resident bedroom and one full bathroom. Attached to the back of the facility is a spacious outside deck. 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 and cannot accept residents who regularly require the use of a wheelchair. This facility has public water and sewer systems.

The furnace was inspected on 06/11/2026 and is fully operational. A 20-minute metal fire rated 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 06/03/2026 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	9'2" X 10'11"	101	1
2	10'11" X 10'11"	120	1
3	29'8" X 17'	390	2

The living, dining, and sitting room areas measure a total of 419 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 (4) residents. It is the licensee's responsibility not to exceed the facility's license 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 traumatically brain injured, 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 GLO LLC, and it is a "Domestic Limited Liability Company" which was incorporated on April 06, 2026. 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 GLO LLC has submitted documentation appointing Glover lyoha as Licensee Designee and Administrator of the facility. A criminal background check of Glover lyoha was completed, and Glover lyoha is determined to be of good moral character to provide licensed adult foster care. Glover lyoha submitted a statement from a physician documenting his good health.

Glover lyoha has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Glover lyoha has 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. Glover lyoha has over two 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.



07/21/2026

Eli DeLeon
Licensing Consultant

Date

Approved By:



07/22/2026

Dawn N. Timm
Area Manager

Date