GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 05, 2026

LILALO GROUP HOME LLC
Attn: Heaven and Malik Amandou
1060 44th Street Southeas
Kentwood, MI 49508

RE: Application #: AS410420474
Lilalo Group Home LLC
1060 44th Street SE
Kentwood, MI 49508

Dear Heaven and Malik Amandou:

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 (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 #:	AS410420474
Licensee Name:	LILALO GROUP HOME LLC
Licensee Address:	1060 44th Street Southeas Kentwood, MI 49508
Licensee Telephone #:	(616) 589-9250
Licensee Designee:	Malik Amandou
Administrator:	Heaven Amandou
Name of Facility:	Lilalo Group Home LLC
Facility Address:	1060 44th Street SE Kentwood, MI 49508
Facility Telephone #:	(616) 589-9250
Application Date:	03/26/2026
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

03/26/2026	On-Line Enrollment
03/26/2026	On-Line Application Incomplete Letter Sent 1326/RI030, AFC100, IRS LTR
03/30/2026	Contact - Document Sent Forms Sent
04/22/2026	Contact - Document Received 1326/RI030, IRS LTR
05/06/2026	Application Incomplete Letter Sent
06/08/2026	Contact- Document Received App Materials
06/13/2026	Application Incomplete Letter Sent
06/23/2026	Contact- Document Received App Materials
06/25/2026	Application Incomplete Letter Sent
07/13/2026	Contact- Document Received App Materials
07/21/2026	Application Complete On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Live Laugh Love Home Care is a single-story ranch located in a suburban neighborhood in Kentwood, MI directly off 44th Street. There is a driveway and on-street parking on Burgis Avenue SE. The home is owned by the licensee designee and administrator. Due to the home's location, it utilizes public water and sewage.

Entering the home via the front entrance on 44th Street leads to the upstairs living area, dining area, and kitchen. To the left of this area is a hallway that leads to two private resident bedrooms, one semi-private resident bedroom, and a full communal bathroom with stand-up shower.

Through the kitchen of the home is an exit to the backyard of the home. The backyard is fenced with a gate with a non-locking against egress handle. There are stairs leading to and from the entrance and exit of the home. The home is not equipped with ramps and cannot accept residents who require the regular use of wheelchairs.

The stairs to the basement are also through the kitchen. The basement includes three staff rooms, a full communal bathroom with stand-up shower, a common area, the laundry area, and the home's enclosed heat plant. The common area may be utilized by residents for private meetings. Other areas of the basement will not be utilized by residents.

The gas furnace and hot water heater are located in the basement in a room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The home is equipped with a wireless interconnected smoke detection system with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected and determined to be in the correct locations, interconnected, and functioning properly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'2"x14'9"	150	2
2	9'x12'5"	112	1
3	8'10"x8'10" + 2'6"x3'10"	88	1

The upstairs living room measures a total of 202 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, 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/or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and Alzheimer's disease in the least restrictive environment possible. The program will promote independence and social interaction by assisting residents with self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings and provide companionship and emotional support to combat isolation.

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, Adult Protective Services, programs who support the aged population (such as Area Agency on Aging), and private pay individuals as referral sources.

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. Rule/Statutory Violations

The applicant is LILALO GROUP HOME, L.L.C. which is a "Domestic Limited Liability Company" established in Michigan on 3/26/26. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The members of LILALO GROUP HOME, L.L.C. have submitted documentation appointing Malik Amandou as Licensee Designee for this facility and Heaven Amandou as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance with a statement from a physician documenting their good health. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They each have over 20 years of experience as direct care workers and have been successfully operating an adult foster care family home at this address since 2/3/25.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 staff -to- 4 residents per shift. The applicant acknowledges that the staff 1-to- 4 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 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.

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).

Cassandra Duursma 08/05/2026

Cassandra Duursma Date
Licensing Consultant

Approved By:

Jerry Hendrick 08/05/2026

Jerry Hendrick Date
Area Manager