



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 14, 2026

Angelique Mugabekazi
01 Angie Home Care LLC
5294 Marvie Dr.
Saranac, MI 48881

RE: Application #: AS340420376
1 Angie Home Care
5294 Marvie Dr
Saranac, MI 48881

Dear Ms. Mugabekaz:

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 (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909



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

I. IDENTIFYING INFORMATION

License #:	AS340420376
Applicant Name:	01 Angie Home Care LLC
Applicant Address:	5294 Marvie Dr. Saranac, MI 48881
Applicant Telephone #:	(616) 304-2862
Licensee Designee:	Angelique Mugabekazi
Administrator:	Angelique Mugabekazi
Name of Facility:	1 Angie Home Care
Facility Address:	5294 Marvie Dr Saranac, MI 48881
Facility Telephone #:	(616) 304-2862
Application Date:	03/04/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED MENTALLY ILL ALZHEIMERS



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II. METHODOLOGY

03/04/2026	Enrollment
03/05/2026	Application Incomplete Letter Sent 1326/RI030, IRS Letter req'd
03/05/2026	Contact – documents sent
04/06/2026	Application Incomplete Letter Sent
06/24/2026	Inspection Report Requested - Health
07/14/2026	Inspection Completed-Env. Health : A
07/20/2026	Application Complete/On-site Needed
07/21/2026	Inspection Completed-BCAL Sub. Compliance
07/23/2026	Application Incomplete Letter Sent
09/01/2026	Inspection completed onsite
09/09/2026	Document received
09/10/2026	Inspection Completed-BCAL Full Compliance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1 Angie Home Care is a three bedroom bi-level home on a secluded lot located on a private drive in a subdivision called Mernado Woods in Saranac, Michigan. The adult foster care (AFC) family home is in Boston Township which is halfway between Lowell and Ionia where there are restaurants, gas stations, library, and churches available to residents. The main level of the home has one bedroom which will be utilized by two residents, large living room, dining room, kitchen, and a shared full bathroom. The lower level or downstairs of the bi-level home has two shared resident bedrooms along with a resident full bathroom, another dining room, and large living room. Attached to the home is a two car garage. The backyard of the home has an attached porch that overlooks the woods, creating a peaceful environment. Since the home is a bi-level home, there are stairs separating the levels. Consequently, this AFC small group home will not be able to provide care to residents who require the use of a wheelchair as an assistive device. Residents living at this facility must be able to navigate stairs safely as the entrances, exits, and separate levels of the AFC small group home all have stairs. There is also a laundry room and furnace room in the lower level.

The home uses private water and private septic systems which were both inspected by the Ionia County Health Department on September 14, 2026, and found to be in substantial compliance with applicable environmental health rules. The facility has ample parking space for staff and visitors.

The facility has an electric hot water heater that was inspected on 5/29/26 and was found in good working condition. The gas furnace was inspected on 5/21/26 and was found to be working properly and is in the lower-level laundry room. The furnace and hot water heater are enclosed in a room constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood that is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational according to the inspection on 7/8/26. Ms. Mugabekazi has placed fire extinguishers on each level in the home. Smoke detectors are located between the sleeping areas and the rest of the home, on each occupied floor, and in the furnace room located on the lower level.

Ms. Mugabekazi is leasing the home at 5294 Marvie Dr. from Peace Onyeka Okunbor, effective 2/23/26. Documentation of lease and permission for facility to operate as an Adult Foster Care facility on the property is on file. Permission from the landlord has been received for Licensing and Regulatory Affairs to inspect the property.



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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' X 11'7"	173.75	2
2	11'1" X 13'11"	154.24	2
3	11'11" X 11'1"	132.08	2

The living, dining, and sitting room areas measure a total of 948 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, ambulator adults whose diagnosis is developmentally disabled, mental illness, traumatic brain injury and/or Alzheimer's in the least restrictive environment possible.

1 Angie Home Care is designed to provide comprehensive, person-centered care that ensures each resident's safety, comfort, and well-being. The home maintains a stable, supportive, and home-like environment with staff available 24/7 to offer supervision and promote safety. Residents receive individualized assistance with personal care needs, including bathing, grooming, dressing, toileting, mobility, and other activities of daily living. Medication administration and monitoring are completed in accordance with physician orders and licensing requirements. Staff provide behavioral and emotional support to assist residents in managing symptoms related to mental illness, developmental disabilities and traumatic brain injuries. Residents are encouraged to participate in daily living routines, community activities, and individualized skill-building goals that foster independence. The home also collaborates closely with case managers, guardians, healthcare providers, and community agencies to ensure all services align with each resident's person-centered plan and overall care needs.



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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 Reliance, The Right Door, the local Department of Health and Human Services, private pay and Adult Protective Services 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 shall provide or arrange transportation for residents.

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 01 Angie Home Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 02/25/2026. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 members of 01 Angie Home Care, L.L.C. submitted documentation appointing Angelique Mugabekazi as Licensee Designee for this facility and Angelique Mugabekazi as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Angelique Mugabekazi. The licensee designee/administrator submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 06/29/2026.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Since



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October 2023, Ms. Mugabekazi has been operating a licensed family adult foster home for residents with the following service types: aged, traumatically brain injured, mental illness and developmentally disabilities. From 2011-2013, Ms. Mugabekazi reported that she worked at a behavioral health clinician caring for Alzheimer's clients. Ms. Mugabekazi also obtained her Masters of Social Work in 2020.

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 1–to-6 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 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 designee, can



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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.



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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 with a maximum capacity of six residents.

09/11/2026

Amanda Blasius
Licensing Consultant

Date

Approved By:

09/14/2026

Dawn N. Timm
Area Manager

Date