GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 16, 2026

Mary Kioko
Agano LLC
4620 Restmor St Sw
Grandville, MI 49418

RE: License #: AS410420059
**Agano AFC**
**4300 52nd St SW**
**Wyoming, MI 49418**

Dear Mrs. Kioko:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS410420059 |
| **Licensee Name:** | Agano LLC |
| **Licensee Address:** | 4620 Restmor St Sw<br>Grandville, MI 49418 |
| **Licensee Telephone #:** | (616) 516-3652 |
| **Licensee/Licensee Designee:** | Mary Kioko, Designee |
| **Administrator:** | Daniel Kioko |
| **Name of Facility:** | Agano AFC |
| **Facility Address:** | 4300 52nd St SW<br>Wyoming, MI 49418 |
| **Facility Telephone #:** | (616) 516-3652 |
| **Original Issuance Date:** | 05/26/2026 |
| **Capacity:** | 6 |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
| **Certified Programs:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2026

Date of Bureau of Fire Services Inspection if applicable: 11/06/2026

Date of Health Authority Inspection if applicable: 11/06/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 2
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. *Exit Conference completed onsite with licensee designee, Mrs. Kioko.*

The facility is in compliance with all applicable rules and statutes.

## IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



11/16/2026

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Toya Zylstra Date
Licensing Consultant