



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 11, 2024

Jason Muriithi  
920 Pembroke Street, SE  
KENTWOOD, MI 49508

RE: License #: AM410417815  
**Radiant Living AFC**  
**413 East Muskegon St**  
**Cedar Springs, MI 49319**

Dear Mr. Muriithi:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification are renewed. The license and special certification 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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410417815

**Licensee Name:** Jason Muriithi

**Licensee Address:** 920 Pembroke Street, SE  
KENTWOOD, MI 49508

**Licensee Telephone #:** (616) 550-3982

**Licensee/Licensee Designee:** N/A

**Administrator:** Jason Muriithi

**Name of Facility:** Radiant Living AFC

**Facility Address:** 413 East Muskegon St  
Cedar Springs, MI 49319

**Facility Telephone #:** (616) 550-3982

**Original Issuance Date:** 03/12/2024

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/11/2024

Date of Bureau of Fire Services Inspection if applicable: 01/25/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- 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.  
I was not there during a meal time.
- 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.  
There were no Incident Reports completed.
- 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. The Licensee Designee completed the licensing renewal with the Licensing Consultant, and he agreed with my findings.

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

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license and special certification.

*Arlene B. Smith* 11/11/2024

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Arlene B. Smith Date  
Licensing Consultant