



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 18, 2025

Munira Osman
Greenhaven Living LLC
1532 Mayfield Ave NE
Grand Rapids, MI 49505

RE: Application #: AS410419776
Greenhaven Living LLC
1532 Mayfield Ave NE
Grand Rapids, MI 49505

Dear Ms. Osman:

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419776
Applicant Name:	Greenhaven Living LLC
Applicant Address:	1532 Mayfield Ave NE Grand Rapids, MI 49505
Applicant Telephone #:	(616) 238-7209
Administrator/Licensee Designee:	Munira Osman, Designee
Name of Facility:	Greenhaven Living LLC
Facility Address:	1532 Mayfield Ave NE Grand Rapids, MI 49505
Facility Telephone #:	(616) 238-7209
Application Date:	07/23/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/23/2025	Enrollment
07/23/2025	Application Incomplete Letter Sent
07/23/2025	PSOR on Address Completed
07/23/2025	Contact - Document Sent forms sent
07/23/2025	Lic. Unit file referred for background check review PSOR hit - Saed Yusuf
07/23/2025	Lic. Unit received background check file from review PSOR hit - Saed Yusuf file saved to Sharepoint
08/08/2025	Contact - Document Received AFC100 and EIN
08/08/2025	File Transferred To Field Office
08/12/2025	Application Incomplete Letter Sent
11/13/2025	Application Complete/On-site Needed
11/14/2025	Inspection Completed On-site
11/14/2025	Inspection Completed-BCAL Full Compliance
11/14/2025	Inspection Completed-Env. Health : A
11/14/2025	Inspection Completed-Fire Safety : A
11/14/2025	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Greenhaven Living LLC, which is located at 1532 Mayfield Ave NE, Grand Rapids, Kent County, Michigan. The facility is owned by Greenhaven Living LLC, a Domestic Limited Liability Company established 04/30/2025. The home is a ranch-style structure with vinyl and brick siding and an unattached two-stall garage. The facility has adequate parking spaces for two vehicles. The facility is located in an urban community in the city of Grand Rapids The facility's main level contains three resident bedrooms, one full bathroom, kitchen, living room, and dining room. There are handrails where required. This facility utilizes public sewer and water systems.

The laundry appliances, hot water heater and furnace are located in the unfinished area of the lower level. The lower level and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The lower level is not approved for resident use. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 11/14/2025 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall and it is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.08 x 11.04	109	1
2	11.04 x 12.04	140	2
3	8.09 x 11.04	99	1

Total Capacity: 4

The living and dining room areas measure a total of 368 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

B. Program Description

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 male and/or female adults aged 18 years and older, who are part of the aged, mentally ill, and/or developmentally disabled population, 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the

responsible agency.

Greenhaven Living LLC will provide transportation to residents.

C. Applicant and Administrator Qualifications

Munira Osman is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Munira Osman were completed with no restrictions noted on either. Her TB-tine results were negative.

Munira Osman has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this four-bed facility is always 1-staff-to-4-residents. Staff will remain awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Munira Osman, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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.

