



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2026

Alice, Hyreen AND Muteleu, Lankeu  
859 Henry Ave SE  
GRAND RAPIDS, MI 49507

RE: License #: AF410419612  
**Cozy Haven AFC**  
**859 Henry Ave SE**  
**Grand Rapids, MI 49507**

Dear Alice, Hyreen AND Muteleu, Lankeu:

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 is 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,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

**License #:** AF410419612

**Licensee Name:** Alice, Hyreen AND Muteleu, Lankeu

**Licensee Address:** 859 Henry Ave SE  
GRAND RAPIDS, MI 49507

**Licensee Telephone #:** (616) 273-1531

**Licensee Designee:** N/A

**Administrator:** N/A

**Name of Facility:** Cozy Haven AFC

**Facility Address:** 859 Henry Ave SE  
Grand Rapids, MI 49507

**Facility Telephone #:** (616) 273-1531

**Original Issuance Date:** 07/23/2025

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/9/26

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 2 Role: Licensees

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- 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.  
Residents just moved into the home and a drill had not been completed yet, form provided, will complete in January 2026.
- 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.

I completed an exit conference with Hyreen Alice and Lankeu Muteleu. Consultation was provided regarding resident forms and the licensing rule changes for family homes as of November 2025.

### IV. RECOMMENDATION

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

*Cassandra Duursma*

1/9/26

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Cassandra Duursma  
Licensing Consultant

Date