



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Regina Mugo
Ideal Treasure Care AFC LLC
1125 Edgemoor Ave
Kalamazoo, MI 49024

RE: Application #: AS390420139
Briarhill
4760 Briarhill Dr
Portage, MI 49024

Dear Regina Mugo:

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 specialized certification for the mentally ill and developmentally disabled populations, 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390420139
Applicant Name:	Ideal Treasure Care AFC LLC
Applicant Address:	6710 Evergreen St Portage, MI 49024
Applicant Telephone #:	(269) 414-9598
Administrator:	Regina Mugo
Licensee Designee:	Regina Mugo
Name of Facility:	Briarhill
Facility Address:	4760 Briarhill Dr Portage, MI 49024
Facility Telephone #:	(269) 254-8207
Application Date:	12/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/08/2025	Enrollment
12/08/2025	Application Incomplete Letter Sent - requested updated 1326A
12/08/2025	PSOR on Address Completed
12/08/2025	Contact - Document Sent - form sent
12/11/2025	Contact - Document Received - RI030
12/11/2025	Contact - Document Sent - requested 1326A again
12/23/2025	Contact - Document Received
12/23/2025	File Transferred To Field Office
12/29/2025	Contact - Document Received - Received enrollment from area manager.
12/29/2025	Application Incomplete Letter Sent - Sent app incomplete letter to LD via email.
01/18/2026	Contact - Document Received - Received the following: training verification for applicant, floor plan, smoke alarm/furnace/electrical inspections, program statement, discharge policy, visitation policy, applicant resume, personnel policies, standard and routine policies, job description, proposed staffing pattern, organizational chart, budget/income and expense, emergency plans.
01/20/2026	Contact - Document Received - Received medical clearance for applicant.
02/01/2026	Application Incomplete Letter Sent - In reference to documentation received.
02/02/2026	Contact - Document Received - Received personnel policy, updated emergency procedures, updated evacuation plan, updated refund policy.
02/04/2026	Application Incomplete Letter Sent - In regards to documentation received.
02/23/2026	Inspection Completed On-site
02/23/2026	Inspection Completed-BCAL Sub. Compliance

02/24/2026	Contact - Document Sent - Sent confirming letter to LD
03/07/2026	Contact - Document Received - Statement regarding fireplaces.
03/24/2026	Application Complete/On-site Needed
03/24/2026	Inspection Completed On-site
03/24/2026	Inspection Completed-BCAL Full Compliance
03/24/2026	Inspection Completed-Env. Health : A
03/30/2026	SC-Application Received – Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located within a quiet, residential neighborhood of Portage, Michigan consisting primarily of single family homes on low traffic streets. The facility is conveniently situated approximately 5 minutes from US-131 Highway and 8 minutes from I-94 Highway, providing accessible routes for emergency services and community access. The surrounding area is suburban in nature and offers close proximity to a variety of essential resources, including grocery stores, pharmacies, medical facilities, and retail establishments along Westnedge Avenue corridor, all within 5-10 minutes of the facility. Nearby medical resources include urgent care centers located within approximately 5-7 minutes and full service hospitals, including Bronson Methodist Hospital and Beacon Hospital, located approximately 10-15 minutes from the facility. Nearby recreational areas include Bicentennial Park, located approximately 5 minutes away from the facility and Celery Flats Historical Area, located approximately 7 minutes away, providing access to walking trails and outdoor spaces. The facility has a driveway available for off street parking, with additional street parking available as needed.

Due to the facility's location, it utilizes both public water and sewer systems, which were both inspected by the Bureau of Community Health Systems on 03/24/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The property owner is identified as Bedan Mukundi, which was verified through the City of Portage property tax records. Documentation on file includes a Statement of Right to Occupy Premises, dated 01/26/2026, submitted by both the applicant and Bedan Mukundi. Additionally, Bedan Mukundi provided written authorization granting Licensing and Regulatory Affairs permission to inspect the property.

The facility is a ranch style home with a finished walkout basement. The primary means of egress is the front entrance door. The secondary means of egress is through the attached garage, which is accessible from the kitchen. From the garage, egress is provided through a service door located adjacent to the overhead garage door, which leads to the front yard. The facility does not have wheelchair ramps or exits at grade at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

Upon entry through the front door, the main floor opens into a living room. Just beyond the living room is the dining room, with the kitchen located to the right of the dining area. A balcony is also accessible from the dining room and connects to the attached garage, with a door providing direct access into the garage. The kitchen includes a refrigerator, freezer, sink, stove, oven, dishwasher and microwave. A half bathroom, consisting of a sink and toilet, is located near the kitchen and across from the door leading to the attached garage. A resident bedroom is also located off the kitchen.

From the main living area, a hallway extends to the left, providing access to two additional resident bedrooms and a full bathroom. The bathroom consists of a sink, toilet, tub/shower combination and mechanical fan for ventilation. Stairs are located in the dining room that lead to the basement.

The basement consists of another living room area that serves as a secondary common space. From this area, a hallway provides access to the mechanical/utility room with an office area, a resident bedroom and a full bathroom. The bathroom is equipped with a stand up shower, sink, toilet, and a mechanical fan for ventilation. An additional resident bedroom is located off the living room area.

The rear of the facility is constructed at grade at the basement level and includes a walkout exit that provides direct access to a concrete patio located beneath the elevated balcony/deck above.

The facility's backyard is surrounded by a privacy fence with two side gates; however, the applicant acknowledged an understanding the gates must not be locking against egress.

The gas furnace and hot water heater, in addition to the electric washer and dryer, are located in the basement's mechanical room, which is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility's clothes dryer is vented to the outside using permanent metal duct work. Additionally, a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the bottom of the stairs to create floor separation between the basement and main floor.

The furnace/hot water heater and electrical system were inspected on 01/08/2026 and 01/12/2026 by licensed service providers, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility contains two gas insert fireplaces, one located in the main level living room and one in the basement living area. The applicant submitted a written statement verifying that the fireplaces will not be utilized.

The facility is equipped with one hardwired smoke detector that is wired into the facility's electrical system, and the remaining 9 smoke detectors are a wireless smoke detection system identified as First Alert with voice alert. All the smoke detectors have battery backup. The smoke detectors are located in each resident's bedroom, hallways, living/dining room area, and the basement. The smoke detection system was inspected by a licensed service provider on 01/29/2026 and determined to be in the correct locations, interconnected, and functioning properly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4"x12'1"	161 sq ft	1 or 2
2	13'4"x 9'1"	121 sq ft	1
3	12'7" x 9'5"	118 sq ft	1
4	15'1"x 10'4"	155 sq ft	1 or 2
5	10'10" x14'9"	159 sq ft	1 or 2

The living, dining, and sitting room areas measure a total of 387 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 ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, or physically handicapped in the least restrictive environment possible. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their assessment plans and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment.

The program will promote independence and social interaction by assisting residents with nutritional support and meal assistance, medication monitoring, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities, individual outings, and utilize community resources to support resident's needs. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local libraries, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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 primarily from local community mental health agencies, but would consider additional agencies, as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall provide or arrange 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 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. Applicant and Administrator Qualifications

The applicant is Ideal Treasure Care AFC LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/24/2022. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant currently owns and operates multiple adult foster care facilities, demonstrating financial capacity and operational experience to support the proposed facility. The sole member of Ideal Treasure Care AFC LLC is Regina Mugo who is identified as both the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed for Regina Mugo and no LEIN convictions were identified. Regina Mugo also submitted a medical clearance, dated 01/20/2026, from her physician documenting she has no known physical or mental health conditions or no known health problems that would limit her ability to work with or around dependent adults.

Regina Mugo provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as both the licensee designee and administrator. Regina Mugo has over six years of experience working in and for several different adult foster care facilities in Kalamazoo as both a manager and direct care staff where she has provided companionship, passed medications, prepared meals, transported for medical appointments, and assisted residents with their needs, which included mobility, hygiene, personal care, and supervision. In 2022, Regina Mugo operated her own family home adult foster care facility for approximately 1.5 years before she transitioned in 2024 to owning and operating multiple small group adult foster care facilities. She has worked extensively with numerous local Community Mental Health agencies in providing care and implementing care plans to mentally ill, developmentally disabled, aged, and physically handicapped residents. Regina Mugo also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation. She has completed all her required training through Integrated Services of Kalamazoo.

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 to 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, can 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 the residents' 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 temporary license and specialized certification for the developmentally disabled and mentally ill populations to this AFC adult small group home with maximum capacity of six residents.



03/27/2026

Cathy Cushman
Licensing Consultant

Date

Approved By:



03/31/2026

Dawn N. Timm
Area Manager

Date