GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Cozy Haven AFC LLC
Attn: Hyreen Alice and Lankeu Muteleu
859 Henry Ave SE
Grand Rapids, MI 49507

RE: Application #: AS410420431
Cozy Haven AFC
859 Henry Ave SE
Grand Rapids, MI 49507

Dear Hyreen Alice and Lankeu Muteleu:

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 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 (616) 356-0100.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410420431
Licensee Name:	Cozy Haven AFC LLC
Licensee Address:	859 Henry Ave SE GRAND RAPIDS, MI 49507
Licensee Telephone #:	(616) 273-1531
Licensee Designee:	Lankeu Muteleu
Administrator:	Hyreen Alice
Name of Facility:	Cozy Haven AFC
Facility Address:	859 Henry Ave SE Grand Rapids, MI 49507
Facility Telephone #:	(269) 501-8486
Application Date:	03/18/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED ALZHEIMERS MENTALLY ILL AGED

II. METHODOLOGY

03/18/2026	On-Line Enrollment
03/18/2026	On-Line Application Incomplete Letter Sent AFC100
03/25/2026	Contact - Document Sent Forms sent
04/01/2026	Contact - Document Received
04/01/2026	Application Incomplete Letter Sent
04/06/2026	Application Incomplete Letter Sent Corrections
04/27/2026	Application Incomplete Letter Sent Corrections
06/18/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Cozy Haven is a two-story Victorian home in downtown Grand Rapids, MI. Approaching the home from Henry Street, there are three main entrances. Facing the home, to the right, is a door that leads to a storage area. To the left, there are two entrances. The closest entrance to Henry Street is the resident entrance. The entrance next to it is for the staff living area. There is on-street parking available. The home is owned by licensee designee, Lankeu Muteleu.

Upon entering the resident entrance, there is a flight of stairs leading to the second story which will be a resident living area. The resident living area includes two semi-private resident bedrooms, one private resident bedroom, one shared, full resident bathroom, a dining room, and a resident kitchen. There is an exit to a second-story porch and another flight of stairs at the back of the home that leads to the licensee living area. Due to this, and stairs to the front entrance, the home is not accessible and will not be accepting residents who are not ambulatory.

The main floor will primarily be used by staff. There are three bedrooms, two which will be utilized by live-in staff and their family members. There are a kitchen, dining area, and shared, full bathroom on the main floor. There is one bedroom that will be utilized by residents, either as a private or semi-private bedroom depending on resident needs. The licensee designee expressed understand that they cannot go beyond their licensed capacity of six when determining room placements.

The home utilizes public water and public sewage. The basement will not be utilized by residents. The home's gas-fired furnace and hot water heater are in the basement. A 1 ¾-inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the entrance of the heat plant in the home.

The home is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment. There is a fireplace in the home which is not operational and will not be used.

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

Bedroom #	Dimensions	Total Square Footage	Resident Beds
1	15' X 11'6"	173	2
2	11'4" X 11'9"	133	2
3	11'9" X 8'5"	99	1
4	15' X 10'10	163	1

The living and dining area in the resident section of the home measures a total of 390 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 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 male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injury, and or Alzheimer's disease in the least restrictive environment possible. The program will 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.

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 from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure 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 Cozy Haven AFC, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 1/20/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Cozy Haven AFC, L.L.C. have submitted documentation appointing Lankeu Muteleu as Licensee Designee for this facility and Hyreen Alice as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. They each submitted a medical clearance with a statement from a physician documenting their good health, dated within six months of license issuance.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Muteleu and Ms. Alice have been successfully operating an AFC home at this address under a different license type since 7/23/25.

The staffing pattern for the original license of this six-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 as resident needs require.

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 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 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 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, 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 of the resident's 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this small group (capacity 6).

Cassandra Duursma 07/09/2026

Cassandra Duursma Date
Licensing Consultant

Approved By:

Jerry Hendrick 07/09/2026

Jerry Hendrick Date
Area Manager