GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2026

Augustin Muhizi
Pathways Residential Care LLC
2522 Windview Street SW
Wyoming, MI 49519

RE: Application #: AS410421014
Cornerstone Pathways
5555 Claudia Ave SE
Grand Rapids, MI 49548

Dear Mr. Muhizi:

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 3 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,

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 #:** | AS410421014 |
| **Applicant Name:** | Pathways Residential Care LLC |
| **Applicant Address:** | 2522 Windview Street SW<br>Wyoming, MI 49519 |
| **Applicant Telephone #:** | (616) 375-0740 |
| **Administrator/Licensee Designee:** | Augustin Muhizi, Designee |
| **Name of Facility:** | Cornerstone Pathways |
| **Facility Address:** | 5555 Claudia Ave SE<br>Grand Rapids, MI 49548 |
| **Facility Telephone #:** | (207) 450-4220 |
| **Application Date:** | 09/01/2026 |
| **Capacity:** | 3 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODOLOGY

| | |
|---|---|
| 09/01/2026 | Enrollment |
| 09/01/2026 | Application Incomplete Letter Sent<br>1326 & IRS Ltr req'd |
| 09/01/2026 | Contact - Document Sent<br>forms sent |
| 09/10/2026 | Application Incomplete Letter Sent |
| 10/20/2026 | Application Complete/On-site Needed |
| 10/20/2026 | Inspection Completed On-site |
| 10/20/2026 | Inspection Completed-BCAL Full Compliance |
| 10/20/2026 | Inspection Completed-Env. Health : A |
| 10/20/2026 | Inspection Completed-Fire Safety : A |
| 10/20/2026 | Exit Conference |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This one-story house is located at 5555 Claudia Ave SE Grand Rapids, Michigan, 49548, in the county of Kent. The facility is owned by Pathways Residential Care LLC. The facility sits in a suburban neighborhood and there is an un-attached garage that is primarily used for storage. The home has vinyl siding. The home has adequate parking for approximately two vehicles. The facility has three resident bedrooms, one full bathroom, one kitchen/dining area, and one living room. The basement is not approved for resident use. There are handrails where required. This facility utilizes public sewer and water systems.

The washer and dryer are located in the basement of the facility. The furnace and hot water heater are located in an enclosed basement utility room, and it is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. 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 10/20/2026 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall and 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 | 13.42 X 11.17 | 150 | 2 |
| 2 | 10 X 14.5 | 145 | 2 |
| 3 | 12 X 10 | 120 | 1 |
| | | | **Total Capacity: 3** |

The living and dining room areas measure a total of 182 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 are 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.
The landscaping and property are maintained in appropriate condition.

**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 **three** male and/or female adults aged 18 years to 80 years, who may be diagnosed as developmentally disabled, and/or mentally ill in the least restrictive environment possible. The facility is not wheelchair accessible. 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.

The facility will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

**C. Applicant and Administrator Qualifications**

The applicant is Pathways Residential Care LLC, is a "limited license corporation" which

was established in Michigan, on 05/01/2025. 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 Pathways Residential Care LLC have submitted documentation appointing Augustin Muhizi as Licensee Designee and Patrick Kiruhura administrator of the facility.

Mr. Muhizi and Mr. Kiruhura have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting his good health.

The staffing pattern for the original license of this three-bed facility is 1-staff-to-3 residents during all hours. Staff will remain awake during all shifts.

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 Mr. Muhizi, 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.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Exit Conference completed onsite 10/20/2026.

## IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 3).



10/21/2026

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Toya Zylstra Date
Licensing Consultant

Approved By:



10/21/2026

Jerry Hendrick Date
Area Manager