



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 23, 2025

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

RE: Application #: AF410419612  
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,

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

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W., Unit 13  
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**

<b>License #:</b>	AF410419612
<b>Licensee Name:</b>	Hyreen Alice and Lankeu Muteleu
<b>Licensee Address:</b>	859 Henry Ave SE GRAND RAPIDS, MI 49507
<b>Licensee Telephone #:</b>	(616) 273-1531
<b>Name of Facility:</b>	Cozy Haven AFC
<b>Facility Address:</b>	859 Henry Ave SE Grand Rapids, MI 49507
<b>Facility Telephone #:</b>	(616) 273-1531
<b>Application Date:</b>	05/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## **II. METHODOLOGY**

05/30/2025	On-Line Enrollment
06/03/2025	PSOR on Address Completed
06/03/2025	Contact - Document Sent Forms sent
06/10/2025	Contact - Document Received
06/10/2025	Contact - Document Sent Requested AFC100 again for Responsible Person
06/17/2025	Contact - Document Received
06/17/2025	File Transferred To Field Office
06/24/2025	Application Incomplete Letter Sent
07/14/2025	Application Complete/On-site Needed
07/15/2025	Inspection Completed On-site
07/18/2025	Inspection Completed- Full Compliance

## **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 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 licensee's living area.

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 the licensee. There are three bedrooms, two which will be used by the licensee and their family. There is one bedroom that may be utilized by residents, either as a private or semi-private bedroom depending on resident

needs. There is also a kitchen, dining area, and shared, full bathroom on the main floor as well.

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. At the time of inspection, there were single station, battery operated smoke detectors on each floor of the home and near resident bedrooms.

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.

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## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to six ambulatory residents, who are diagnosed as developmentally disabled, mentally ill, aged, or as having Alzheimer's disease. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept private-pay individuals, as well as individuals who are referred by DHHS and local agencies.

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, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public events, restaurants, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident. The applicant intends provide transportation as specified in the resident's Resident Care Agreement

### **C. Rule/Statutory Violations**

A licensing record clearance request was completed for applicants Hyreen Alice and Lankeu Muteleu, as well as their responsible persons. All individuals were found to be of good moral character. All individuals submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide relief supervision as needed.

The applicants have indicated that for the original license of this six-bed family home, there is adequate supervision with one responsible person on-site per six residents.

The applicant acknowledges that the number of responsible persons on-site per the resident ratio could change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. 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 applicants acknowledge their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible persons, and volunteers.

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 the documents 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 that a separate Resident Funds Part II BCAL-2319 form 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and 6 accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

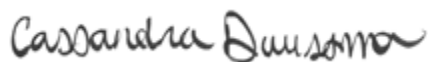
notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rules or Statutory Violations**

The applicants were in compliance with the licensing act and applicable administrative licensing rules pertaining to physical plant at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary AFC family home license with the capacity of six.



07/23/2025

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:



07/23/2025

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Jerry Hendrick  
Area Manager

Date