



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 29, 2025

Sibonginkosi Osei  
Eden Haven LLC  
PO Box 1822  
Portage, MI 49081

RE: Application #: AS390419054  
**Noel House**  
**1722 Greenbriar Drive**  
**Portage, MI 49024**

Dear Sibonginkosi Osei:

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 5 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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390419054
<b>Applicant Name:</b>	Eden Haven LLC
<b>Applicant Address:</b>	600 Darby Lane Kalamazoo, MI 49081
<b>Applicant Telephone #:</b>	(269) 806-5459
<b>Licensee Designee:</b>	Sibonginkosi Osei
<b>Administrator:</b>	Khanyisile Maphosa
<b>Name of Facility:</b>	Noel House
<b>Facility Address:</b>	1722 Greenbriar Drive Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 806-5459
<b>Application Date:</b>	12/17/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

12/17/2024	Enrollment
12/17/2024	Application Incomplete Letter Sent requested 1326/RI030 and AFC100
12/17/2024	PSOR on Address Completed
12/17/2024	Contact - Document Sent forms sent
02/18/2025	Contact - Document Received
02/18/2025	Contact - Document Sent sent follow up email for AFC100
02/20/2025	Contact - Document Received
02/27/2025	File Transferred To Field Office
03/04/2025	Application Incomplete Letter Sent
05/22/2025	Inspection Completed On-site
05/22/2025	Inspection Completed-BCAL Sub. Compliance
06/02/2025	Confirming Letter Sent
08/04/2025	Inspection Completed On-site
08/14/2025	Confirming Letter Sent.
09/22/2025	Inspection Completed On-site
09/22/2025	Inspection Completed On-site-BCAL Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a one-story, ranch home located in an urban neighborhood in the city of Portage. This facility is approximately four miles from Bronson Methodist Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within two miles of the home. Staff and visitor parking is located near the front entry of the home with a driveway and curbside parking on the street.

The living room, dining area, sunroom, and kitchen are located on the main level.

One full barrier-free bathroom, two semi-private resident bedrooms and one private resident bedroom are located on the main level as well. This entrance of this facility includes a wheelchair accessible ramp that extends to the driveway of this facility with another wheelchair accessible ramp located on a north facing egress that extends the length of the property to solid unobstructed ground. This facility is wheelchair accessible with these two approved means of egress. This facility uses public water and sewage.

The facility has a gas furnace and gas water heater that were inspected on 10/31/2024 and are fully operational. A 20-minute fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement level and accessible from a main floor hallway, creating floor separation. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6" X 15'	202	2
2	10'4" X 12'2"	125	1
3	13'3" X 10'11"	144	2

The living, dining, and sitting room areas measure a total of 666 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 five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

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 each resident's *Assessment Plans for AFC Residents* and individual plans of service. 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 five (5) male or female ambulatory adults whose diagnosis is developmentally disabled, and/or mentally ill, aged, physically handicapped and Alzheimer's in the least restrictive environment possible.

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. The applicant has applied for specialized program certification and intends to accept

residents under contract from Integrated Services of Kalamazoo.

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, and the responsible agency.

The licensee will provide transportation for programming and medical needs as specified in the *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Eden Haven LLC, and it is a “Domestic Limited Liability Company” which was incorporated on July 14, 2004. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status. 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 Board of Directors of Eden Haven LLC, has submitted documentation appointing Sibonginkosi Osei as Licensee Designee for this facility and Khanyisile Maphosa as the Administrator of the facility. A criminal background check of Sibonginkosi Osei and Khanyisile Maphosa was completed, and Sibonginkosi Osei and Khanyisile Maphosa are determined to be of good moral character to provide licensed adult foster care. Sibonginkosi Osei and Khanyisile Maphosa have each submitted a statement from their physician documenting their good health and current negative tuberculosis test results.

Sibonginkosi Osei and Khanyisile Maphosa have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Sibonginkosi Osei and Khanyisile Maphosa have provided proof of required training in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Sibonginkosi Osei is the current licensee designee for another licensed facility and has at least one year of experience working with the populations served in this facility. Khanyisile Maphosa is the current administrator for another licensed facility and has at least one year of experience working with the populations served by this facility.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff for five residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged 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 six-month temporary license and special certification to this adult foster care small group home with a capacity of five residents.



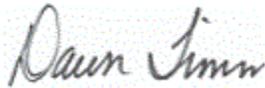
09/29/2025

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



09/29/2025

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Dawn N. Timm  
Area Manager

Date