



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 8, 2025

Francis Mwema
Love Haven AFC LLC
905 Fairbanks Avenue
KALAMAZOO, MI 49048

RE: Application #: AS390419404
Love Haven AFC LLC
905 Fairbanks Avenue
Kalamazoo, MI 49048

Dear Francis Mwema:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390419404
Licensee Name:	Love Haven AFC LLC
Licensee Address:	905 Fairbanks Avenue KALAMAZOO, MI 49048
Licensee Telephone #:	(269) 873-3815
Licensee Designee:	Francis Mwema
Administrator:	Francis Mwema
Name of Facility:	Love Haven AFC LLC
Facility Address:	905 Fairbanks Avenue Kalamazoo, MI 49048
Facility Telephone #:	(269) 873-3815
Application Date:	04/07/2025
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/07/2025	On-Line Enrollment
04/08/2025	PSOR on Address Completed
04/08/2025	Contact - Document Sent forms sent
04/29/2025	Contact - Document Received
05/05/2025	Contact - Document Sent sent LLC application to be completed
05/06/2025	Contact - Document Received
05/07/2025	File Transferred To Field Office
05/15/2025	Application Incomplete Letter Sent
05/18/2025	Contact - Document Received-Licensee Documents
06/15/2025	Contact - Document Received-Facility Documents
07/25/2025	Contact - Document Received-Licensee/Facility Documents
07/29/2025	Contact - Document Received-Facility Documents
08/18/2025	Inspection Completed On-site
08/20/2025	Confirming Letter Sent
08/20/2025	Contact - Document Received-New Licensee Designee Documents
08/20/2025	Application Complete/On-site Needed
09/03/2025	Inspection Completed On-site
09/08/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Love Haven AFC LLC is a ranch style home with a completely finished basement located in the city of Kalamazoo near downtown, grocery stores, parks and a hospital. The main level of the home includes a living room, dining room, kitchen, two resident bedrooms, a full resident bathroom equipped with a tub with shower, a sunroom facing

the backyard and a nice spacious patio deck. The basement includes a kitchen, small dining area, a bedroom, a full bathroom equipped with a walk-in shower and a laundry room. The basement has its own entrance/exit therefore will be utilized as a rental apartment and will not be regularly used by residents. The home does not have at least two approved means of egress that are equipped with a ramp from the first floor; therefore, the home is not wheelchair accessible. The home utilizes public water supply and sewage disposal system.

The gas furnace and water heater are located in the basement in an enclosed furnace room constructed of material which has a 1-hour fire resistance rating that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. There is a 1-3/4 inch solid core wood door leading to the basement at the top of the stairs to create floor separation. The furnace was inspected by a licensed professional and was determined to be fully operational.

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 and battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'7" x 15'7"	112 sq ft	1
2	11'3 x 13'4"	177 sq ft	2

The indoor living and dining areas measure a total of 318 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three male or female residents who are mentally ill and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Kalamazoo DHHS, Veterans Administration, Kalamazoo County CMH and private pay.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

C. Applicant and Administrator Qualifications

The applicant is Love Haven AFC L.L.C. a “Domestic Limited Liability Company” established in Michigan. 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 member of Love Haven AFC L.L.C. have submitted documentation appointing Francis Mwema as licensee designee and administrator for the facility.

Criminal history background check of Francis Mwema was completed, and he was determined to be of good moral character to provide licensed adult foster care. Francis Mwema submitted statements from a physician documenting his good health and current negative tuberculosis test result.

Francis Mwema has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Francis Mwema is a medical doctor and has worked as a direct care staff member in various adult foster care homes since 2023 therefore has an abundance of experience working with the mentally ill and developmentally disabled populations.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 3 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has 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) 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 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 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 the 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 or more often if necessary. 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 of the 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 the resident's 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

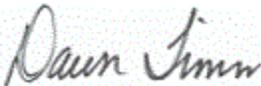
I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

9/8/2025
Date

Approved By:



09/08/2025

Dawn N. Timm
Area Manager

Date