



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 5, 2025

Murambya Desire
NEW DAWN AFC LLC
8815 Hebert Dr
Greenville, MI 48838

RE: Application #: AS590419598
NEW DAWN AFC
8815 HEBERT DR
GREENVILLE, MI 48838

Dear Mr. Desire:

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 black ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS590419598
Licensee Name:	NEW DAWN AFC LLC
Licensee Address:	8815 Hebert Dr Greenville, MI 48838
Licensee Telephone #:	(616) 690-9339
Licensee Designee:	Murambya Desire
Administrator:	Muziranenge Mignone
Name of Facility:	NEW DAWN AFC
Facility Address:	8815 HEBERT DR GREENVILLE, MI 48838
Facility Telephone #:	(616) 690-9339
Application Date:	05/25/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/25/2025	On-Line Enrollment
05/27/2025	PSOR on Address Completed
05/27/2025	Contact - Document Sent forms sent
06/23/2025	Contact - Document Received
06/23/2025	File Transferred To Field Office
06/25/2025	Application Incomplete Letter Sent
08/05/2025	Documents received
08/25/2025	Documents received
09/16/2025	Documents received
09/26/2025	Application Complete/On-site Needed
09/26/2025	Inspection Completed-BCAL Sub. Compliance
09/29/2025	Application Incomplete Letter Sent
10/30/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Dawn AFC is a ranch style home located within a subdivision of Greenville and in the township of Eureka. The home offers living space on the main level, with an unfinished basement that will not be used by residents. Upon entering the facility there is a main entry way and to the right is a hallway that leads to three resident bedrooms and a full bathroom. Another full bathroom is within the last bedroom at the end of the hallway on the left. Straight ahead from the entry way, is a living room, which offers a large sectional couch and TV for resident use. The living room overlooks the backyard for resident enjoyment. To the left of the entry way is the entrance to the kitchen, which offers additional space for sitting at the bar and additional space for storage and food. After passing through the kitchen and living room is the dining room, which offers a large table that seats six and overlooks the backyard. Off from the kitchen and dining room, is an additional room that will be used for the locked resident medication cart, resident files and office. This room contains a fire place that will not be used. A sliding glass door is off from this office space and leads to a large back deck. The deck overlooks the back yard and a river at the end of the property line. Woods and trees

prevent direct access to the river from New Dawns property. The resident laundry room, a half bathroom, the garage entrance, are located off the kitchen along with a door that leads to the unfinished basement and another door that leads to the back deck. The basement of the home is only used for utilities and storage and is not approved for resident use. New Dawn has not been approved to be wheelchair accessible and cannot accept residents who require the regular use of a wheelchair. New Dawn AFC has public water and sewer systems.

The gas furnace and gas hot water heater are in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs to create floor separation. According to the smoke detector inspection completed by Ronin Home Inspections the facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers were viewed on the main level of the home and in the basement 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	13'4" X 13'6"	180	2 twin beds
2	13'4" X 13'6"	180	2 twin beds
3	15'9' X 14'3"	224	2 twin beds

The living, dining, and sitting room areas measure a total of 296 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 (6) 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, 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 intends to accept residents from Montcalm Care Network and The Right Door as a referral source.

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 all transportation for program and medical needs. The facility will make provision 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.

C. Applicant and Administrator Qualifications

The applicant is New Dawn AFC, L.L.C., which is a “Domestic Limited Liability Company”, and was established in Michigan, on 4/25/2025. 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 New Dawn AFC L.L.C. have submitted documentation appointing Murambya Desire as Licensee Designee for this facility and Muziranenge Mignone as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee Murambya Desire and administrator Muziranenge Migone. Licensee designee Murambya Desire and administrator Muziranenge submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Llicensee designee Murambya Desire has worked within adult foster homes since 2023 and currently is the licensee designee for another licensed AFC in Kent County starting in March, 2025. The administrator provided a degree from Western Michigan University with a Bachelor of Science degree dated 4/20/2025. The administrator, Muziranenge Mignone has worked as a direct care worker in other adult foster homes since 2024 and reports he is currently the administrator at another AFC in Kent County since October 2024.

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 1 to 6 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.

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 (1 staff to 6 residents) 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 direct care 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 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 medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, 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 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 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 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 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.

The applicant acknowledges 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.

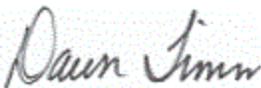


11/04/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



11/05/2025

Dawn N. Timm
Area Manager

Date