GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 23, 2026

Mujeni, Josephine
4895 Burgis SE
Kentwood, MI 49508

RE: License #: AS410379919
Investigation #: 2026A0583022
Burgis

Dear Josephine Mujeni:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS410379919
Investigation #:	2026A0583022
Complaint Receipt Date:	02/18/2026
Investigation Initiation Date:	02/19/2026
Report Due Date:	03/20/2026
Licensee Name:	Mujeni, Josephine
Licensee Address:	4895 Burgis SE Kentwood, MI 49508
Licensee Telephone #:	(616) 805-4696
Administrator:	Mujeni, Josephine
Licensee Designee:	N/A
Name of Facility:	Burgis
Facility Address:	4895 Burgis Ave SE Kentwood, MI 49508
Facility Telephone #:	(616) 805-4696
Original Issuance Date:	08/03/2016
License Status:	REGULAR
Effective Date:	02/03/2025
Expiration Date:	02/02/2027
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff left residents alone at the facility.	Yes

III. METHODOLOGY

02/18/2026	Special Investigation Intake 2026A0583022
02/19/2026	APS Referral
02/19/2026	Special Investigation Initiated - On Site
02/19/2026	Contact – Telephone Staff Mercy Maguta
02/20/2026	Contact – Telephone Staff Mercy Maguta
02/202/2026	Contact – Text Message Staff Mercy Maguta
02/20/2026	Exit Conference Licensee Josephine Mujeni

ALLEGATION: Staff left residents alone at the facility.

INVESTIGATION: On 02/18/2026 complaint allegations were received from recipient rights via email. The complaint alleged that on 02/16/2026 between 4:00 PM and 5:00 PM two residents were left alone at the facility without any staff present.

On 02/20/2026 I interviewed case manager Marguerite Erlandson via telephone. She stated she is Resident A's case manager. She stated that on 02/16/2026 at approximately 4:00 PM she arrived at the facility for a scheduled appointment. Resident A and Resident B answered the door and allowed her to enter the facility. She stated that Resident A and Resident B stated that they were alone at the facility and staff were gone. She stayed with Resident A and Resident B until approximately 5:30 PM and left. She stated that she spoke with licensee Josephine Mujeni the following day and Ms. Mujeni acknowledged leaving Resident A and Resident B alone at the facility.

On 02/19/2026 I interviewed Resident A and Resident B at the Hope Network Day Program. Resident A and Resident B both stated that on 02/16/2026 at approximately 3:45 PM they arrived at the facility and no staff were present. They stated the staff had taken other residents to the "gym". Resident A and B stated that

Ms. Erlandson visited the facility at approximately 4:00 PM and left before staff arrived back at the facility at approximately 5:30 PM. They stated that they are instructed by staff to stay in their bedrooms when they are at the facility without staff. They stated that they had been alone at the facility without staff present on several prior occasions.

On 02/19/2026 I completed an unannounced onsite investigation at the facility and interviewed Ms. Mujeni and staff Lydia Gutsa. Ms. Mujeni and Ms. Gutsa stated that on 02/16/2026 they left the facility at approximately 3:30 PM and arrived back at approximately 5:30 PM. They stated that they left staff Mercy Maguta at the facility to provide care for Resident A and B. They stated that while they were inside the YMCA with other residents, they missed a call from Ms. Maguta. Ms. Maguta had left a voicemail message stating that her child had an emergency and she left the facility. Ms. Mujeni and Ms. Gutsa stated that they arrived back at the facility at approximately 5:30 PM and observed that Resident A and Resident B were alone. Ms. Mujeni and Ms. Gutsa stated that Resident A and B had been at the facility alone and never observed Ms. Maguta. Ms. Mujeni and Ms. Gutsa stated that Ms. Maguta has not returned their calls and is no longer employed at the facility.

On 02/19/2026 I telephoned Ms. Maguta. She did not answer her telephone, and I left a voicemail message requesting that she return the telephone call.

On 02/19/2026 I filed a complaint with Adult Protective Services Centralized Intake via the online portal.

On 02/20/2026 I telephoned Ms. Maguta. She did not answer her telephone and I left a voicemail message requesting that she return the telephone call. I also sent Ms. Maguta a text message and requested that she return my messages.

On 02/20/2026 I completed an Exit Conference with licensee Josephine Mujeni via telephone. Ms. Mujeni stated that she agreed that a violation had occurred. She stated that she would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities. (b) 12 residents for small group and family homes.

ANALYSIS:	Resident A and Resident B stated that on 02/16/2026 they were alone at the facility without staff supervision from approximately 3:45 PM until 5:30 PM. Case manager Marguerite Erlandson stated that on 02/16/2026 she arrived at the facility and observed that Resident A and Resident B were alone, without staff supervision. Based upon my investigation, which consisted of multiple interviews, it has not been established that staff left residents alone at the facility on 02/16/2026.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.

02/20/2026

Toya Zylstra Date
Licensing Consultant

Approved By:

02/23/2026

Jerry Hendrick Date
Area Manager