GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

Mary Muthui
Riverside Haven Care Home LLC
7237 Windhaven Ct
Portage, MI 49024

RE: Application #: AS390420013
Riverside Haven Care Home LLC
5359 Woodmont Drive
Portage, MI 49002

Dear Ms. Muthui:

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,

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 #:	AS390420013
Applicant Name:	Riverside Haven Care Home LLC
Applicant Address:	7237 Windhaven Ct Portage, MI 49024
Applicant Telephone #:	(269) 779-1090
Licensee Designee:	Mary Muthui
Administrator:	Mary Muthui
Name of Facility:	Riverside Haven Care Home LLC
Facility Address:	5359 Woodmont Drive Portage, MI 49002
Facility Telephone #:	(269) 216-3964
Application Date:	10/23/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/23/2025	Enrollment
10/23/2025	Application Incomplete Letter Sent requested 1326/RI030, EIN Letter
10/23/2025	PSOR on Address Completed
10/23/2025	Contact - Document Sent forms sent
10/23/2025	Contact - Document Received-1326/RI030
10/27/2025	Contact - Document Received-EIN Letter
10/27/2025	File Transferred To Field Office
10/28/2025	Application Incomplete Letter Sent
12/14/2025	Contact - Document Received- Facility/LD Records
01/01/2026	Contact - Document Received- Facility/LD Records
01/19/2026	Contact - Document Received- Facility Records
01/30/2026	Application Complete/On-site Needed
01/30/2026	Inspection Completed On-site
02/08/2026	Contact - Document Received- Pictures to verify compliance with door
03/02/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Riverside Haven Care Home LLC is a brick ranch home located on Portage Creek in the city of Portage near elementary schools, groceries stores, and parks. The main level includes a living room, kitchen, breakfast nook, dining room, laundry room, three resident bedrooms, a full resident bathroom with a walk-in shower, and a half resident bathroom which is attached to one of the bedrooms. The walk-out basement includes a large multi-purpose room, a dining area, two resident bedrooms, a full bathroom with a walk-in shower, a staff office, and a bedroom that will be occupied by a live-in staff member. The home does not have at least two approved means of egress that are equipped with ramps on the first floor or are at grade, therefore the home is not wheelchair accessible. The home utilizes public water and sewage system.

The two gas furnaces and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. There is a door at the bottom of stairs to create floor separation from the main level. On 12/2/2025, the furnace and water heater were inspected by a licensed professional and determined to be fully operational. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and determined to be fully operational on 12/12/2025. Smoke detectors are in all sleeping areas, kitchen and living areas of the home. Fire extinguishers are installed 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	14’6” x 11’7”	167 sq ft	1
2	14’8 x 15’2”	222 sq ft	1
3	13’9 x 9’7”	131 sq ft	1
4	14’5” x 14’8”	211 sq ft	2
5	16’9” x 13’	217 sq ft	1

The living, dining, and sitting room areas measure a total of ____892__ 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 and/or aged 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 Kalamazoo County-DHHS, Kalamazoo County PACE or private pay individuals 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 Riverside Haven Care Home L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 8/20/2025. 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 Riverside Haven Care Home, L.L.C. have submitted documentation appointing Mary Muthui as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mary Muthui. Mary Muthui submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Mary Muthui has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mary Muthui has over one year direct care experience working with the aged population in an assisted living facility and over 30 years of experience providing care to her son who is developmentally disabled. Mary Muthui continues to provide care to her adult son.

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–to-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 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 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, 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 six-month temporary license to this adult foster care group home capacity of six residents.

03/02/2026

Ondrea Johnson
Licensing Consultant

Date

Approved By:

03/03/2026

Dawn N. Timm
Area Manager

Date