GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 30, 2026

Radrekio Crowley and Monique Crowley
Muriel's Place LLC
320 Fruit Street
South Haven, MI 49090

RE: Application #: AS800419535
Muriel's Place
320 Fruit Street
South Haven, MI 49090

Dear Radrekio Crowley and Monique Crowley:

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 (616) 356-0100.

Sincerely,

Rodney Gill

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

Enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS800419535 |
| **Licensee Name:** | Muriel's Place LLC |
| **Licensee Address:** | 320 Fruit Street<br>South Haven, MI 49090 |
| **Licensee Telephone #:** | (269) 447-7934 |
| **Administrator/Licensee Designee:** | Radrekio Crowley and Monique Crowley |
| **Name of Facility:** | Muriel's Place |
| **Facility Address:** | 320 Fruit Street<br>South Haven, MI 49090 |
| **Facility Telephone #:** | (269) 447-7934 |
| **Application Date:** | 05/07/2025 |
| **Capacity:** | 6 |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS |

## II. METHODOLOGY

| | |
|---|---|
| 05/07/2025 | On-Line Enrollment |
| 05/09/2025 | PSOR on Address Completed |
| 05/09/2025 | Contact - Document Sent |
| | Forms sent. |
| 05/14/2025 | Contact - Telephone call received |
| | Licensee wants to change from one licensee to two licensees. |
| 05/23/2025 | Contact - Document Received |
| | 1326/RI030 for both licensees have been received. |
| 05/23/2025 | Comment |
| | FP sent to Ashley. |
| 05/27/2025 | File Transferred To Field Office |
| 05/28/2025 | Application Incomplete Letter Sent |
| 06/05/2025 | Comment |
| | Licensee designee Mo'Nique Crowley emailed asking for consultation and technical assistance regarding documentation necessary for her enrollment. |
| 06/05/2025 | Comment |
| | I emailed Mrs. Crowley and provided the requested consultation and technical assistance. |
| 09/10/2025 | Contact - Document Received |
| | Mrs. Crowley emailed required documentation. |
| 09/10/2025 | Comment |
| | I emailed Mrs. Crowley requesting additional documentation. |
| 09/30/2025 | Contact - Document Received |

| | |
|---|---|
| | Mrs. Crowley emailed additional requested documentation for her enrollment. |
| 10/02/2025 | Comment<br><br>I emailed Mrs. Crowley informing her of additional documentation that is still needed per her email requesting that I do so. |
| 10/14/2025 | Contact - Document Received<br><br>Mrs. Crowley emailed additional requested enrollment documentation. |
| 03/26/2026 | Comment<br><br>Mrs. Crowley emailed requesting that I schedule an onsite Original inspection for Muriel's Place in 5/26. |
| 03/26/2026 | Comment<br><br>I emailed Mrs. Crowley informing her I was booked up in 5/26. I scheduled an onsite Original inspection for Muriel's Place on 6/23/26 at 1:00 p.m. |
| 06/23/2026 | Application Complete/On-site Needed |
| 06/23/2026 | Inspection Completed On-site |
| 06/30/2026 | Inspection Completed-BCAL Full Compliance |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Muriel’s Place is a one-story bungalow style house built in two thousand four and located in a residential area in the city of South Haven, MI. This Adult Foster Care (AFC) small group home has a yellow vinyl siding exterior with white trim, white front and back exterior doors, green shutters, and black screen doors on both exterior exits.

The home is located in a friendly neighborhood and boosts a large covered front porch, fully privacy fenced in backyard where residents can enjoy the outdoors, and driveway for staff and visitor parking.

The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility requiring a wheelchair or other mobility device to ambulate.

The home is equipped with a hardwired interconnected combination smoke and carbon monoxide detector system with battery backup that meets fire safety rule requirements and was last inspected on 8/7/25 by Accutek Home Inspection Service Inc.. The inspection found that all smoke detectors are installed where required by current building standards and are in satisfactory working condition.

The facility has at least one fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained in how to properly use them.

I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary.

Because the maximum capacity is less than seven residents, no annual Bureau of Fire Services (BFS) Inspection is required. I inspected and determined the facility compliant with fire safety administrative rules. The facility has two approved means of egress.

The home utilizes public water, and sewage so does not require annual Environmental Health Inspections. Accutek Home Inspection Service Inc. conducted a complete inspection of the home's mechanical systems on 8/7/25. The inspector found no material defects during the inspection and indicated the following: The size of the electrical service is sufficient for typical single-family needs. The electrical panel is well arranged, and all breakers are properly sized. Generally speaking, the electrical system is in good order. All outlets and light fixtures that were tested operated satisfactorily. The distribution of electricity within the home is good. All three-prong outlets that were tested were appropriately grounded.

The gas furnace and water heater are located in the basement. The furnace and water heater are installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Because there are two resident bedrooms located in the basement, the gas furnace and water heater are enclosed in a room that is constructed of material that has a one-hour-fire-resistance rating and has a door made of one-three quarter-inch solid core wood or steel, hung in a fully stopped wood or steel frame and equipped with an automatic self-closing device and positive-latching hardware.

The clothes dryer was properly vented to the outside using permanent metal duct work.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|---|---|---|---|
| 1 | 12’ 7” x 11” | 140 | 2 |
| 2 | 12’ 2” x 11” | 134 | 2 |
| 3 | 13’ 1” x 10’ | 131 | 1 |
| 4 | 12’ x 11’ | 132 | 1 |

Given the sizes of the bedrooms and one to two residents per room, the facility’s bedroom space exceeds the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 542 square feet of living space. This greatly exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate six 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 male residents between 18 and 99 years of age who may suffer from developmental disabilities, mental illness, aged, traumatic brain injury, and/or Alzheimer’s disease and require some level of assistance with activities of daily living (ADL).

The applicant’s program statement indicates that their core mission is to provide a compassionate and supportive home-like environment for individuals who need assistance, while encouraging independence and community integration.

The services that they provide include assisting with personal care, supervision, daily activities, medication administration, meal preparation, housekeeping, and transportation.

Muriel's Place exists to build and promote meaningful relationships with their residents, valuing the importance of loving hearts. Their policies aim to ensure the safety, health, and quality of care of the residents.

Muriel's Place offers both long- and short-term care to residents who may suffer from developmental disabilities, mental illness, aged, traumatic brain injury, and/or Alzheimer's disease and require some level of assistance with activities of daily living (ADL). The residents are offered opportunities for growth and development through activities that foster independence.

Muriel's Place offers specialized programs tailored to align with the unique individual needs, goals, and care plans of their residents with specific medical, behavioral, emotional, and/or developmental disabilities. Their residents receive emergency medical services, crisis intervention, medical health services, psychological services, dental services, social work services, case management services, educational services, day treatment programs, employment opportunities, community involvement, recreation, and one-on-one staffing.

The DCSMs at Muriel's Place are trained in cardiopulmonary resuscitation, first-aid, crisis intervention, and resident rights. They are knowledgeable in food safety, medication administration, fire prevention, and natural disasters. DCSMs will undergo a background and reference check. All trainings and certifications will be retained in the employee's file.

Services offered include community resources/fieldtrips – grocery stores, sit down restaurant meals, parks, and the community library.

Life skills, budgeting education, cooking, baking techniques, on site arts, and crafts will be offered to residents.

In-home services include but are not limited to verbal and physical assistance with ADLs, meal preparation, toileting, transportation to and from medical appointments, and a clean-living environment.

When necessary, behavioral, and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by DCSMs trained in the intervention techniques.

The applicant indicated DCSMs will be available 24/7 to assist residents when needed. The applicant will coordinate and facilitate services for residents such as a visiting physician, onsite physical and occupational therapy, podiatry, X-rays, echocardiogram (EKG), doppler and ultrasound services, as well as onsite blood draws and other specimen collection when needed.

The applicant intends to connect residents with a pharmacy that will deliver residents' medication to the facility which will be dispensed according to physician's orders by qualified DCSMs.

The applicant indicated residents will receive laundry services, three nutritious meals per day, snacks, and phone service.

The applicant indicated scheduled transportation will be provided for Life Enrichment activities in coordination with the resident's Individual Care Plan free of charge. The applicant indicated staff can also assist in finding alternative transportation to and from desired locations at the resident's sole expense.

The facility is located in a residential area within the city of South Haven and has restaurants, parks, shopping centers, recreational activities, public library, hospitals, physicians' offices, and other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of residents living at the facility.

**C. Applicant and Administrator Qualifications**

The applicant is Muriel's Place LLC, which is a "Domestic Limited Liability Company", and was established in Michigan, on 05/07/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an income statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this facility.

The members of Muriel's Place LLC have submitted documentation appointing Radrekio Crowley and Monique Crowley as Licensee Designees and Administrators for this AFC small group home.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Crowley or for Mrs. Crowley.

Mr. Crowley and Mrs. Crowley submitted a medical clearance with a statement from a licensed physician documenting their good physical and mental health. Mr. Crowley's medical clearance is dated 2/27/26 and Mrs. Crowley's medical clearance is dated 4/10/26.

Mr. Crowley and Mrs. Crowley both provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Crowley and Mrs. Crowley both have sufficient experience working in the capacity required for the position of licensee designee and administrator. They both possess the capacity and credentials to meet the requirements of licensee designee and administrator.

A current licensing record clearance, medical clearance, tuberculosis (TB) test, and communicable disease form are on file for Mr. Crowley and Mrs. Crowley. Mr. and Mrs. Crowley have extensive experience working with the program types they have chosen to provide care and supervision for. Mr. and Mrs. Crowley both have years of experience working as direct support professionals at Beacon Specialized Living. While working as direct support professionals, Mr. and Mrs. Crowley have provided supervision, supportive care, and assistance with activities of daily living (ADLs) to residents with special care needs.

Mrs. Crowley specifically provided care and supervision, and Mr. Crowley continues to provide care and supervision, to residents that suffer from developmental disabilities, mental illness, aged, traumatic brain injury, and/or Alzheimer's disease.

Mr. and Mrs. Crowley submitted an approved Alzheimer's Statement outlining the type of care that will be provided at the facility, continual training of direct care staff members, and the physical characteristics of the building best suited for residents diagnosed with Alzheimer's disease.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one staff –to- six 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 6 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 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 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 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, 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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.

### D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

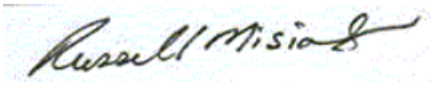
## IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

7/15/26

Rodney Gill — Date
Licensing Consultant

Approved By:



7/16/26

Russell B. Misiak — Date
Area Manager