



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2025

Joshua Kok
David's House Ministries
2390 Banner Dr.
Wyoming, MI 49509

RE: License #: AS410395681
Willow Tree Lodge
2231 Hope Grove Ave.
Wyoming, MI 49509

Dear Mr. Kok:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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

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

I. IDENTIFYING INFORMATION

License #: AS410395681

Licensee Name: David's House Ministries

Licensee Address: 2390 Banner Dr.
Wyoming, MI 49509

Licensee Telephone #: (616) 284-4388

Licensee/Licensee Designee: Joshua Kok, Designee

Administrator: Ruth Bonfiglio

Name of Facility: Willow Tree Lodge

Facility Address: 2231 Hope Grove Ave.
Wyoming, MI 49509

Facility Telephone #: (616) 284-4377

Original Issuance Date: 11/28/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2025
Date of Bureau of Fire Services Inspection if applicable: 04/16/2025
Date of Health Authority Inspection if applicable: 04/16/2025
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 3
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: On 04/16/2025 I completed a renewal inspection at the facility and reviewed Resident A's Medication Administration Record. According to the documents, Resident A is prescribed Eye Drops .035% twice daily. The documents indicated that on 01/22/2025 Resident A did not receive said eye drops in the "PM". The documents indicated that on 01/23/2025 Resident A did not receive said eye drops in the "PM". The documents indicated that on 01/24/2025 Resident A did not receive said eye drops in the "AM". All three dates indicated that Resident A did not receive said eye drops because the facility was "out" of the medication. Staff Rachel Efting-Johnson stated that the facility did not order said medication before Resident A ran out. Staff Rachel Efting-Johnson stated that an appropriate medical care provider was not contacted regarding the three missed doses of eye drops.

Exit Conference: An Exit Conference was completed in person on 04/16/2025 with licensee designee Joshua Kok. Mr. Kok stated that he did not dispute that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Findings: On 04/16/2025 I completed a renewal inspection at the facility and reviewed Resident A's Medication Administration Record. According to the documents, Resident A is prescribed Eye Drops .035% twice daily. The documents indicated that on 01/22/2025 Resident A did not receive said eye drops in the "PM". The documents indicated that on 01/23/2025 Resident A did not receive said eye drops in the "PM". The documents indicated that on 01/24/2025 Resident A did not receive said eye drops in the "AM". All three dates indicated that Resident A did not receive said eye drops because the facility was "out" of the medication. Staff Rachel Efting-Johnson stated that the facility did not order said medication before Resident A ran out. Staff Rachel Efting-Johnson stated that an appropriate medical care provider was not contacted regarding the three missed doses of eye drops.

Exit Conference: An Exit Conference was completed in person on 04/16/2025 with licensee designee Joshua Kok. Mr. Kok stated that he did not dispute that a violation had occurred and would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/21/2025

Toya Zylstra
Licensing Consultant

Date