



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 13, 2026

Kahlee Kenwabikise  
Paradise AFC Home LLC  
4021 Houghton Lake Rd  
Lake City, MI 49651

RE: License #: AS570416546  
**Paradise AFC Home LLC**  
**4021 W. Houghton Lake Rd**  
**Lake City, MI 49651**

Dear Kahlee Kenwabikise:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS570416546  |
| <b>Licensee Name:</b>          | Paradise AFC Home LLC  |
| <b>Licensee Address:</b>       | 4021 Houghton Lake Rd<br>Lake City, MI 49651                               |
| <b>Licensee Telephone #:</b>   | (231) 839-0128   |
| <b>Licensee Designee:</b>      | Kahlee Kenwabikise   |
| <b>Administrator:</b>          | Kahlee Kenwabikise   |
| <b>Name of Facility:</b>       | Paradise AFC Home LLC  |
| <b>Facility Address:</b>       | 4021 W. Houghton Lake Rd<br>Lake City, MI 49651                            |
| <b>Facility Telephone #:</b>   | (231) 839-0128   |
| <b>Original Issuance Date:</b> | 07/25/2023   |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |
| <b>Certified Programs:</b>     | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL                                   |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/12/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 09/24/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: ORR

- 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**

The facility is in compliance with all applicable rules and statutes.

On January 12, 2026, I conducted an exit conference with Licensee Designee Kahlee Kenwabikise. I explained my finding as noted above. Ms. Kenwabikise stated she understood the finding, had no additional information to provide, nor questions to ask, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



January 13, 2026

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Bruce A. Messer  
Licensing Consultant

Date