GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Stephen Forkpah
Kingdom Rest Center, LLC
7174 Martin Avenue SE
Grand Rapids, MI 49548

RE: License #: AS410417965
Kingdom Rest Center
5252 Kimball Avenue SE
Kentwood, MI 49508

Dear Stephen Forkpah:

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,

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #:	AS410417965
Licensee Name:	Kingdom Rest Center, LLC
Licensee Address:	7174 Martin Avenue SE Grand Rapids, MI 49548
Licensee Telephone #:	(616) 323-4379
Licensee Designee:	Stephen Forkpah
Administrator:	Stephen Forkpah
Name of Facility:	Kingdom Rest Center
Facility Address:	5252 Kimball Avenue SE Kentwood, MI 49508
Facility Telephone #:	(616) 323-4379
Original Issuance Date:	02/12/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/7/26

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed n/a
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee Designee

- 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.
  Most residents left for an outing prior to meal service. Kitchen and food supply inspected.
- 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

R 400.617 Records.

(1) A licensee shall maintain the following records:
(h) Staff records.

Staff records were not immediately available in the home and the copies provided on 7/8/26 were incomplete.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(g) Admission and monthly weight record.

Mr. Forkpah reported resident weights were not being recorded monthly for any resident in the home.

On 7/7/26, I completed an exit conference with Mr. Forkpah. I followed up confirming my findings on 7/9/26. I provided copies of correct forms and the link to the practice inspection worksheets. I advised Mr. Forkpah to utilize these resources to ensure required records are correctly maintained in the home. Mr. Forkpah did not dispute my findings or recommendations.

IV. RECOMMENDATION

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

Cassandra Duursma 7/9/26

Cassandra Duursma Date
Licensing Consultant