



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 7, 2025

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

RE: License #: AS410314820  
**House 4**  
**2375 Banner Dr. SW**  
**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) 356-0183.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410314820

**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:** House 4

**Facility Address:** 2375 Banner Dr. SW  
Wyoming, MI 49509

**Facility Telephone #:** (616) 247-7861

**Original Issuance Date:** 10/18/2012

**Capacity:** 3

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/06/2025

Date of Bureau of Fire Services Inspection if applicable: 03/06/2025

Date of Health Authority Inspection if applicable: 03/06/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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.**

**Finding: On 03/06/2025 a renewal inspection was completed, and medication administration records were examined. During the inspection it was found that on 02/05/2025 Resident A did not receive his morning medications. Resident A's Medication Administration Record indicated that on 02/05/2025 Resident A did not receive the following medications: Calcium + D3 Tab 600-20, Clonazepam Tab 1 MG, Dilantin cap 100 MG, Divalproex tab 500 MG, Fluvoxamine tab 100 MG, Fluvoxamine tab 50 MG, Vitamin C 500 MG, Vitamin D3 tab 25 MCG, and Zinc tab 50 MG.**

**Exit Conference: On 03/06/2025 I completed an Exit Conference face to face with licensee designee Joshua Kok. Mr. Kok stated that he did not dispute the licensing violation 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.

*Toya Zylstra*

03/07/2025

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Toya Zylstra  
Licensing Consultant

Date