



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 25, 2025

Karin Nalunkuuma
FAITH&GRACE ENTERPRISE LLC
15422 Arrowhead Ridge Dr
HUMBLE, TX 77396

RE: License #: AS410418647
FAITH HAVEN ADULT FOSTER CARE HOME
72 RICHARDS AVE NW
GRAND RAPIDS, MI 49504

Dear Ms. Nalunkuuma:

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 are 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) 356-0183.

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

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

I. IDENTIFYING INFORMATION

License #: AS410418647

Licensee Name: FAITH&GRACE ENTERPRISE LLC

Licensee Address: 18487 PINE WEST
BROWNSTOWN, MI 48193

Licensee Telephone #: (313) 310-2632

Licensee/Licensee Designee: Karin Nalunkuuma, Designee

Administrator: Karin Nalunkuuma

Name of Facility: FAITH HAVEN ADULT FOSTER CARE HOME

Facility Address: 72 RICHARDS AVE NW
GRAND RAPIDS, MI 49504

Facility Telephone #: (313) 310-2632

Original Issuance Date: 10/18/2024

Capacity: 5

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

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/11/2025
Date of Bureau of Fire Services Inspection if applicable: 03/11/2025
Date of Health Authority Inspection if applicable: 03/11/2025
No. of staff interviewed and/or observed 2
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. *Exit Conference completed onsite 3/11/25 w Karin Nalunkuuma.*

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

IV. RECOMMENDATION

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



03/25/2025

Toya Zylstra
Licensing Consultant

Date