



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 18, 2025

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

RE: Application #: AM410418653
Kingdom Rest Center, LLC
7174 Martin Avenue SE
Grand Rapids, MI 49548

Dear Stephen Forkpah:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 10 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410418653
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, LLC
Facility Address:	7174 Martin Avenue SE Grand Rapids, MI 49548
Facility Telephone #:	(616) 323-4379
Application Date:	07/11/2024
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

07/11/2024	On-Line Enrollment
07/15/2024	PSOR on Address Completed
07/15/2024	Inspection Report Requested - Fire
07/15/2024	Contact - Document Sent BFS
07/18/2024	Contact - Document Sent BFS
07/19/2024	File Transferred To Field Office
07/22/2024	Application Incomplete Letter Sent
01/10/2025	Application Incomplete Letter Sent Corrections/Additional Items Needed
02/14/2025	Application Incomplete Letter Sent Corrections/Additional Items Needed
04/02/2025	Application Incomplete Letter Sent Corrections/Additional Items Needed
04/15/2025	Application Complete/On-site needed
04/15/2025	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kingdom Rest Center is a bi-level home located in a suburban neighborhood in Cutlerville. It is located within three miles of numerous restaurants, shopping centers, and public recreation areas. The main level of the home is accessed via the front door which is atop a small set of stairs. The main level consists of an entrance door, living room, dining room, kitchen, and a half bathroom. The second story of the home consists of three private resident bedrooms, one full resident bathroom, and emergency exit that leads to a stairway to the outside of the home.

The lower level of Kingdom Rest Center, which is at street grade, consists of three semi-private resident bedrooms, one private resident bedroom, and two full resident bathrooms. Three bedrooms have an exit door directly to the outside, one bedroom utilizes an egress window, and there is an additional entrance/exit at the front of the home which leads to the hallway of the lower level.

The basement of the home includes the laundry room, a staff bedroom, and the heat plant. The basement will not be utilized by residents. Due to having to ambulate stairs to access the living and dining room, the home is not wheelchair accessible.

The furnace and hot water heater are in the basement in an enclosed heat plant. The heat plant has a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The home has a newly installed fire suppression sprinkling system on each level that was approved by the Bureau of Fire Services. The home utilizes public water and sewer systems.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'8" X 9'8"	93 sq. ft.	1
2	9'9" X 11'2"	109 sq. ft.	1
3	9'6" X 8'7"	82 sq. ft.	1
4	13' X 11'6"	150 sq. ft.	2
5	13'4" X 10'2"	136 sq. ft.	1
6	14'7" X 9'4" + 4'8" X 3'2"	151 sq. ft.	2
7	11'3" X 11'7"	130 sq. ft.	2

The living and dining room areas measure a total of 500 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 10 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 10 male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, traumatically brain injured, physically handicapped, aged, and/or Alzheimer's Disease, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to

accept residents from Community Mental Health, Department of Health and Human Services, and private pay as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will assure the availability of transportation as specified in the resident's care agreement. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including restaurants, libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Kingdom Rest Center, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/07/2022. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The members of Kingdom Rest Center, L.L.C. have submitted documentation appointing Stephen Forkpah as Licensee Designee and Administrator of the home.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 10 - bed facility is adequate and includes a minimum of 1 staff -to- 10 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC medium group home (capacity 10).



04/17/2025

Cassandra Duursma, LLMSW
Licensing Consultant

Date

Approved By:



04/17/2025

Jerry Hendrick
Area Manager

Date