



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2025

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

RE: Application #: AS410419979
FAITH HAVEN BETHEL HOME
713 Diamond Ave NE
Grand Rapids, MI 49503

Dear Ms. Nalunkuuma:

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 6 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) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410419979

Applicant Name: FAITH&GRACE ENTERPRISE LLC

Applicant Address: 1247 33rd
Wyoming, MI 49504

Applicant Telephone #: (313) 310-2632

Administrator/Licensee Designee: Karin Nalunkuuma, Designee

Name of Facility: FAITH HAVEN BETHEL HOME

Facility Address: 713 Diamond Ave NE
Grand Rapids, MI 49503

Facility Telephone #: (313) 310-2632

Application Date: 10/14/2025

Capacity: 6

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

II. METHODOLOGY

10/14/2025	Enrollment
10/14/2025	Application Incomplete Letter Sent requested 1326A updated
10/14/2025	PSOR on Address Completed
10/14/2025	Contact - Document Sent forms sent
10/16/2025	Contact - Document Received
10/16/2025	File Transferred To Field Office
10/16/2025	Application Incomplete Letter Sent
11/01/2025	Application Complete/On-site Needed
11/18/2025	Inspection Completed On-site
11/18/2025	Inspection Completed-BCAL Full Compliance
11/18/2025	Inspection Completed-Env. Health : A
11/18/2025	Inspection Completed-Fire Safety : A
11/18/2025	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This two-story building is a brick and vinyl sided facility located in the city of Grand Rapids, Michigan. The facility has two resident bedrooms, one full bathroom, one living room, one dining room, and one kitchen on the main floor. The facility has two resident bedrooms, one full bathroom, and one living room on the second floor. The facility is not wheelchair accessible. The facility utilizes public water and sewer systems. The basement is not approved for resident use.

The gas furnace and hot water heater are located in a mechanical area with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.06 x 13.10	153	2
2	10.11 x 11.07	126	1
3	11.09 x 10.02	119	1
4	12.07 x 12.04	155	2

The dining and living room areas measure a total of 468 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 **six** 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 **six** male or female adults aged 18 and over, whose diagnosis are aged, mentally impaired, developmentally disabled, Traumatically Brain Injured, and/or physically handicapped 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. 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 provide transportation for program and medical needs unless otherwise noted in the resident care agreement. Facility staff will remain awake during sleeping hours. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is FAITH&GRACE ENTERPRISE LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 07/08/2024. 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.

Karin Nalunkuuma is the Licensee Designee and the Administrator for this home. Medical and Record Clearance requests for Karin Nalunkuuma were completed with no restrictions noted on either. TB-tine results were negative.

Karin Nalunkuuma has 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 6-bed facility is 1-staff- to-6 residents during all shifts. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Karin Nalunkuuma, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 was 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 adult small group home (capacity 6).



11/19/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



11/19/2025

Jerry Hendrick
Area Manager

Date