



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 22, 2025

Dushime Rubungira
Bridge P Homes LLC
2506 Normandy DR SE
Grand Rapids, MI 49506

RE: Application #: AS410419391
Bridge P Homes LLC
5661 Kiverton Ridge DR SE
Kentwood, MI 49508

Dear Dushime Rubungira:

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 that reads "Cassandra Duursma".

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 #:	AS410419391
Licensee Name:	Bridge P Homes LLC
Licensee Address:	2506 NORMANDY DR SE GRAND RAPIDS, MI 49506
Licensee Telephone #:	(616) 299-0969
Licensee Designee:	Dushime Rubungira
Administrator:	Kany Mahirwe
Name of Facility:	Bridge P Homes LLC
Facility Address:	5661 Kiverton Ridge Drive SE Kentwood, MI 49508
Facility Telephone #:	(616) 299-0969
Application Date:	04/04/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/04/2025	On-Line Enrollment
04/07/2025	PSOR on Address Completed
04/07/2025	Contact - Document Sent Forms sent
05/21/2025	Contact - Telephone call received Called regarding paperwork - was able to find prints in CHRIS, told them to complete 1326A and email back
05/22/2025	File Transferred To Field Office
05/23/2025	Application Incomplete Letter Sent
08/26/2025	Application Incomplete Letter Sent Received and reviewed some app materials, updated App Incomplete Letter
09/24/2025	Application Incomplete Letter Sent Received and reviewed most materials, minor corrections and items needed.
10/07/2025	Application Complete Onsite Needed
10/07/2025	Inspection Completed Onsite Minor Physical Plant Corrections Needed
12/12/2025	Inspection Completed Full Compliance Physical Plant Corrections Confirmed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bridge P. Homes is a two-story, stick built single family home located in a suburb of Kentwood, MI. The main level of the home consists of a living room, dining area, kitchen, storage area, laundry room, and communal half bathroom. The second floor consists of two private resident bedrooms, one semi-private resident bedroom, one semi-private bedroom with an attached semi-private bathroom, and one communal, full bathroom. The basement houses the heat plant and rooms that will be utilized as office space, storage rooms, or staff areas. The basement will not be utilized by residents.

The furnace and hot water heater are in the basement of the home. Floor separation is created by a 1-3/4-inch solid core door equivalent equipped with an automatic self-closing device and positive latching hardware located at top of the stairs to the

basement. The home is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The home utilizes public water and sewer. Due to the bedrooms being located on the second floor of the home, the home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4 x 11'4	140	2
2	12'4 x 11'4	140	1
3	10'1 x 10	101	1
4	14 x 14'10	208	2

The living and dining room areas measure a total of 348 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 four male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 referral sources.

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 for program and medical needs as specified in the resident's care agreement. The home will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources such as public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Bridge P Homes LLC which is a "Domestic Limited Liability Company" established on 04/03/2025. 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 Board of Directors of Bridge P Homes LLC has submitted documentation appointing Licensee Designee, Dushime Rubungira, and Administrator, Kany Mahirwe. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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

The staffing pattern for the original license of this 6 - bed facility is adequate and includes a minimum of 1 staff -to- 6 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 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group capacity of six.

Cassandra Duursma

12/22/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

12/22/2025

Jerry Hendrick
Area Manager

Date