



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 6, 2026

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

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

Dear Mrs. 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410419979

**Licensee Name:** FAITH&GRACE ENTERPRISE LLC

**Licensee Address:** 1247 33rd  
Wyoming, MI 49504

**Licensee Telephone #:** (313) 310-2632

**Licensee/Licensee Designee:** Karin Nalunkuuma

**Administrator:** Karin Nalunkuuma

**Name of Facility:** FAITH HAVEN BETHEL HOME

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

**Facility Telephone #:** (313) 310-2632

**Original Issuance Date:** 11/19/2025

**Capacity:** 6

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/06/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Designee

- 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.  
N/A
- 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   
Act 116, MCL 722.115(6)4 Age variance for 16 or 17 year-old

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

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

*Anthony Mullin*

05/06/2026

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Gene Coulter  
Licensing Consultant

Date