



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

October 13, 2014

Jack Sytsema
Benjamin's Hope
15468 Riley Street
Holland, MI 49424

RE: Application #: AS700363714
Benjamin's Hope - Home 3
2999 Grace Circle
Holland, MI 49424

Dear Mr. Sytsema:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS700363714
Licensee Name:	Benjamin's Hope
Licensee Address:	15468 Riley Street Holland, MI 49424
Licensee Telephone #:	(616) 786-9009
Administrator:	Jack Sytsema
Licensee Designee:	Krista Mason
Name of Facility:	Benjamin's Hope - Home 3
Facility Address:	2999 Grace Circle Holland, MI 49424
Facility Telephone #:	(616) 399-6293
Application Date:	07/25/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/25/2014	On-Line Enrollment
07/29/2014	Contact - Document Sent Rule & ACT Books
08/08/2014	Contact - Document Received 1326's for Krista Mason and Jack Sytsema
08/11/2014	Application Complete/On-site Needed
08/11/2014	File Transferred To Field Office Grand Rapids
10/10/2014	Inspection Completed On-site
10/10/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Benjamin's Hope – Home 3 is one of six houses, along with other buildings, on a 40-acre campus located in Holland, Ottawa County, Michigan. All of the houses are on a street called Grace Circle within this property. The address to Home 3 is 2999 Grace Circle. The home is a farm style ranch, with high ceilings, and an open, spacious layout. The home has a coat room; large, open kitchen; dining area; common living area; laundry room; public half bathroom; a work station; and four "apartments", each with a full bathroom, bedroom, large closet, storage space, and a family/eating room. This license is for a population of six; two bedrooms to have one resident each, and the other two bedrooms for two residents each. One of the single bedrooms has a lift track in the ceiling to assist in getting an immobile resident to the toilet and open shower stall located within the bedroom. The homes were specifically designed for the comfort, accessibility, and needs of autistic adults.

The home is heated using a radiated heat system. This heating unit and the hot water heater are located in a separate room which uses a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an inter-connected, hardwired smoke detection system with battery back-up, and has a sprinkler system for fires. Both were installed by a licensed electrician and are in working order. There is an operable A-B-C fire extinguisher that is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone.

The home has all new, high-end furniture and appliances, and is very nicely decorated. The home has all the necessary utensils for cooking, cleaning, etc. and there is a

lockable cabinet that will be used to store the residents' medications. Harsh cleaning chemicals will be kept in a cabinet away from food preparation areas and from easy access by residents. There are thermometers in the refrigerator and freezer compartments.

The home has three means of egress. All of the doors in the home, including interior and exterior, either have knobs that do not lock, or have knobs or handles that have locks that are non-locking against egress, which can be unlocked in one motion. The home is wheelchair accessible in that the floors between doors remain flush (there are no steps or lips) so that wheelchairs can roll between rooms and in and out of the home without any barriers or complications.

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' 7"X16' 4"	205	2
2	12'X12'6"	150	1
3	12'X12'6"	150	1
4	12' 7"X16' 4"	205	2

Total Capacity: 6

The living, dining, and family room areas measure a total of 1112.5 square feet of living space. This complies with the 35 square feet per resident requirement.

The landscaping around the house was in the process of being developed upon the inspection on August 14, 2013. Grass seed has been planted, and there is an in-ground sprinkler system. Although the grass had not grown in by the time of this inspection, there were no hazards found on the property around the home. The driveway, walkway, and porch were all completed and in excellent condition.

There are also a small craft and multi-purpose building, and a barn on the campus. These buildings are new and in excellent condition.

This home, the other five homes, all of the buildings, and the property they sit on all are under the ownership of Benjamin's Hope, Inc. A copy of the Warranty Deed is kept in the field file.

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 (6) male and/or female ambulatory adults 18 years old or older whose diagnosis is developmentally disabled, in the least restrictive environment possible. The home will

specialize in providing care and growth adults with autism. The applicant intends to submit an application to be specially certified for the developmentally disabled population. 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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. 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.

In addition, the residents will have opportunities to take care of animals and learn farming skills. They will sell their products to area farmers' markets and restaurants.

Benjamin's Hope will provide day programs for their residents that will teach daily living skills and offer an opportunity for social interaction.

C. Applicant and Administrator Qualifications

The applicant is Benjamin's Hope, Inc., which is a "Not for Profit Corporation", established in Michigan on 10/20/2005. The applicant submitted a financial statement and established an annual budget that projects expenses and income, which demonstrates the financial capability of successfully operating this adult foster care home.

The Board of Directors of Benjamin's Hope, Inc. has submitted documentation appointing Krista Mason as the Licensee Designee and Jack Sytsema as the Administrator for this facility.

Licensing record clearances request were completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and administrator submitted a medical clearance request with statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall 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), Indentogo, 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

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

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 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 resident's personal money transactions that have been agreed to be managed by the applicant, including the keeping of receipts for items, services, etc. purchased by or on behalf of the resident.

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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 – 6).



October 10, 2014

Licensing Consultant

Date

Approved By:



October 13, 2014

Leon M. Hale
Area Manager

Date