



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

April 16, 2015

Jennifer Zandstra  
Rehoboth AFC, Inc.  
9505 Homerich Ave. SW  
Byron Center, MI 49315

RE: Application #: AM030365385  
Rehoboth Oaks  
2990 138th Avenue  
Dorr, MI 49323

Dear Mrs. Zandstra:

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 12 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 black ink, appearing to read "Ian Tschirhart".

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM030365385
<b>Applicant Name:</b>	Rehoboth AFC, Inc.
<b>Applicant Address:</b>	9505 Homerich Ave. SW Byron Center, MI 49315
<b>Applicant Telephone #:</b>	(616) 277-1450
<b>Administrator:</b>	Jennifer Zandstra
<b>Licensee Designee:</b>	Jennifer Zandstra
<b>Name of Facility:</b>	Rehoboth Oaks
<b>Facility Address:</b>	2990 138th Avenue Dorr, MI 49323
<b>Facility Telephone #:</b>	(616) 610-4097
<b>Application Date:</b>	08/19/2014
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

08/19/2014	Enrollment
08/28/2014	Contact - Document Sent Rules & Act booklets
08/28/2014	Application Incomplete Letter Sent App - 1st pg boxes 28, 29 & 31, rec cl for Jennifer
09/03/2014	Contact - Document Received App - 1st pg (boxes 28, 29 & 31), rec cl for Jennifer
09/03/2014	Inspection Report Requested - Health Inv. #1023391
09/03/2014	Inspection Report Requested - Fire
09/03/2014	Contact - Document Sent Fire Safety String
09/03/2014	Application Complete/On-site Needed
09/08/2014	Application Incomplete Letter Sent
04/10/2015	Inspection Completed-Env. Health : A
04/14/2015	Inspection Completed On-site
04/16/2015	Inspection Completed-BCAL Full Compliance
04/16/2015	Inspection Completed-Fire Safety : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Rehoboth Oaks, which is located at 2990 138<sup>th</sup> Avenue, Dorr, Allegan County, Michigan, is owned by Rehoboth AFC. The home is a large, square building with a flat roof that was converted from an old elementary school. The facility has brick siding on three sides and cement board and brick on the fourth side. It sits in a rural area on approximately 4 acres. There is a detached one-car garage that is primarily used for storage. Presently, the driveway is gravel, but a blacktop will be installed in the near future. The home sits on a slab and has six bedrooms, two full baths and one half bath, a kitchen, dining area, community room, utility/laundry room, and a room containing the water tanks for the sprinkler system. There are handrails where required. This facility utilizes private sewer and water systems. The home has a professionally installed sprinkler system for fires. The home has approved wheelchair ramps at both primary means of egress. There are Class A rated ceiling tiles throughout the home. Documentation of this is kept in the field file.

The furnace is located on the roof of the building and is separated from the interior of the building with tectum, panels that are composed of wood fibers and cement. These panels are Class A finishing materials, and have a flame-spread index of not more than 25 and a smoke-developed index of not more than 450. Documentation of this is kept in the field file.

The home also has an electric simulated fireplace (air heater) that can be used for heat and/or decoration. It is not a space heater because it is permanently mounted in a column. The unit is UL certified. Documentation of this is kept in the field file.

The hot water heater, washer and dryer are located in a room that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 04/14/2015 and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6" X 16'2"	153	2
2	12'2" X 15'6"	188	2
3	12'2" X 15'6"	188	2
4	9'6" X 16'2"	153	2
5	12' X 14'9"	177	2
6	12' X 14'9"	177	2

**Total Capacity: 12**

The living and dining room areas measure a total of 884 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 **twelve (12)** male and/or female adults aged 70 years and older, who may be diagnosed with dementia, including Alzheimer's, in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

Rehoboth Oaks has a Food Management staff member who has reviewed safe food handling methods.

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.

Rehoboth Oaks will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

### **C. Applicant and Administrator Qualifications**

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

Mrs. Zandstra 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 twelve-bed facility is 2-staff- to-12 residents except for between the hours of 1 p.m. and 5 p.m. and 7 p.m. to 9 p.m., during which the staff-to-resident ratio will be 1:12.

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](http://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 Mrs. Zandstra, 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.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care medium group home (capacity 12).



April 16, 2015

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Licensing Consultant

Date

Approved By:



April 16, 2015

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Jerry Hendrick  
Area Manager

Date