



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

November 2, 2015

Troy Vugteveen
Holland Home
Suite 300
2100 Raybrook Ave. SE
Grand Rapids, MI 49546

RE: Application #: AL410374262
Holland Home-Breton Extended Care
2589 44th Street S.E.
Grand Rapids, MI 49312

Dear Mr. Vugteveen:

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 20 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) 356-0584.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410374262

Applicant Name: Holland Home

Applicant Address: Suite 300
2100 Raybrook Ave. SE
Grand Rapids, MI 49546

Applicant Telephone #: (616) 235-5000

Administrator/Licensee Designee: Troy Vugteveen, Designee

Name of Facility: Holland Home-Breton Extended Care

Facility Address: 2589 44th Street S.E.
Grand Rapids, MI 49312

Facility Telephone #: (616) 643-2500

Application Date: 02/18/2015

Capacity: 20

Program Type: AGED

II. METHODOLOGY

02/05/2015	Contact - Document Received Troy Vugteveen sent the Completed BCAL-1326A forms to Cheryl Gandhi for himself and Sara Heethuis. He also he was sending in the AFC Application along with the \$170.00
02/18/2015	Enrollment
02/26/2015	Contact - Document Received From Troy Vugteveen, with questions concerning related to the population served and questions concerning Contracts.
03/05/2015	Inspection Report Requested - Health 1024030
03/05/2015	Inspection Report Requested - Fire
03/05/2015	Contact - Document Sent Rule & ACT Books and Fire Safety String
03/05/2015	File Transferred To Field Office Grand Rapids
03/05/2015	Application Incomplete Letter Sent
03/23/2015	Contact - Document Received Troy Vugteveen sent notice that they had received their pending license number.
04/03/2015	Contact - Document Received From Sarah Heethuis that their construction on the new facility was continuing.
04/03/2015	Contact - Document Received E-mail from Sara Heethuis asking about the diagnosis of people they choose to serve.
04/22/2015	Contact - Document Received From Sara Heethuis stating that they thought the construction would be completed on the new facility by August 2015.
05/27/2015	Contact - Document Received From Sara Heethuis information on the building of a new facility on the Breton Woods Campus (Holland Home).
05/27/2015	Contact - Document Received From Sara Heethuis asking about environmental inspection.

05/28/2015	Contact - Document Received Received E-Mail from Sara Heethuis that they were building the AFC facility to meet SNF (Skilled Nursing Facility) requirements. She had questions related to Bureau of Fire Services inspections.
06/24/2015	Contact - Document Received From Sara Heethuis asking if she could and should send over paperwork for me to review.
06/24/2015	Contact - Document Received Received and e-mail from Ms. Heethuis who stated they remained under construction, Plans had been submitted to Lansing and they will be fully sprinkled and she stated the plans had been approved.
06/24/2015	Contact - Document Received Received e-mail from Sara Heethuis with the attachment of proof of ownership and zoning approval.
07/07/2015	Contact - Document Received E-mail from Sara Heethuis asking for information on how to make a complaint so she could write a procedure.
07/10/2015	Contact - Document Received E-mail received from Sara Heethuis with an attachment: Floor plan, Admission Policy, Discharge Policy, and Complaint AFC policy.
07/10/2015	Contact –Document Received E-Mail from Sarah Heethuis with attachments: CNA job description, LPN Charge Nurse Job Description and Job Description of Resident Care Assistant, Attendance Policy, Code of Ethics and Conduct and Behavior, Confidentiality Statement, Criminal background Checks and Verification and Drug and Alcohol Policy, Medications Administration AFC policy and Employee Handbook.
07/10/2015	Contact –Document Received E-Mail from Sarah Heethuis stating the construction should be completed in mid-September and they want to admit Residents to the facility on October 1, 2015.
07/27/2015	Contact –Document Received E-Mail from Sarah Heethuis with floor plan with square footage.
07/28/2015	Contact –Document Received

	E-Mail from Sarah Heethuis stating that the building should be completed by the end of September and asking when they could be opened.
09/09/2015	Contact –Document Received E-Mail from Sarah Heethuis asking if a resident could share a bedroom with a spouse.
09/25/2015	Contact - Document Received From Troy Vugteveen, asking about the medical clearance forms.
10/05/2015	Contact - Document Received From Troy Vugteveen, with attachments of Medical Clearance Forms of Troy Vugleveen and Sara Heethuis.
10/08/2015	Contact - Document Received From Troy Vugteveen, with a floor plan in feet and inches.
10/10/2015	Contact –Document Received E-Mail from Sarah Heethuis with an attachment of the evacuation routes.
10/12/2015	Contact - Document Received From Troy Vugteveen, with attachments of Special Use Permits and Zoning letters.
10/12/2015	Contact –Document Received E-Mail from Sarah Heethuis with their attached Breton Woods Disaster Plan, which includes instructions and guidelines for emergency Prep and it includes maps of the facility, campus and surrounding areas along with evacuation routes to alt shelters, Region 6 information, contracts and contractors for all shelters, water supply, and storage, triage tag instructions.
10/14/2015	Contact –Document Received E-Mail from Sarah Heethuis asking about medications weekly set ups.
10/15/2015	Contact - Document Received From Troy Vugteveen that the Kent County Health Department will be inspecting on Friday 10/16/2015, and he will report their findings and he is working on getting the Fire Marshal approval and the occupancy letter.
10/19/2015	Contact - Document Received From Troy Vugteveen, e-Mail with attachment of the Kent County

	Health Department Inspection Report with an A rating and Certificate of Occupancy Approval.
10/21/2015	Contact - Document Received From Troy Vugteveen, e-Mail with Special Use Permit and Zoning and a statement that the Fire Marshal had inspected and they were waiting for the report.
10/22/2015	Contact - Document Received From Troy Vugteveen, e-Mail with an attachment of the Fire Marshall's Report with Full Approval.
10/23/2015	Inspection completed on site with an inspection of the physical plant and a review of their records and policies.
10/26/2015	Contact –Document Received E-Mail from Sarah Heethuis asking about bedroom furnishings.
10/30/2015	Contact –Document Received E-Mail from Sarah Heethuis with pictures of the completed bedroom furnishings.
10/30/2015	Inspection completed with full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The newly built, free standing, one floor construction is located in the city of Kentwood on the Holland Brent Woods of Holland Home Campus. The home does not contain a basement. The main floor has a large foyer with restrooms and an office. There is a enclosed mechanical room. There is a full kitchen with a walk in pantry. A large dining area is off the kitchen and there is a large living room. There is also a large den. The laundry room is located on the main floor, as well as a storage closet. There is a spa room and a work station. The home has an attached two stall garage. The home is also attached to a rehabilitation gym which contains exercise equipment. The home contains 15 resident bedrooms which contain a full bathroom. The home is wheelchair accessible and has two approved means of egress. The home will utilize public water and sewage systems. The home is wheelchair accessible.

The boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, 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. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the entire facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
101	14' 8" x 14' 2" plus 6' x 12' 11"	285.2	2
102	"	"	1
103	"	"	1
104	"	"	1
108	"	"	1
110	"	"	1
111	"	"	2
114	"	"	1
115	"	"	2
108	14' 8" x 13' 11" plus 6' x 12' 11"	281.6	1
109	"	"	1
106	14' 8" X 14' 2" plus 6" X 12' 11" plus 8" x 1' 4"	295.8	1
112	"	"	2
113	"	"	1
105	14' 8" x 16' 10" plus 6' 12' 11"	324.3	2

The living, dining, and sitting room areas measure a total of 1249.10 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 Twenty (20) 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 **twenty** (20) 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 that are private pay individuals.

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 assist with 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.

C. Applicant and Administrator Qualifications

The applicant is Holland Home Inc., is a Domestic “Non Profit Corporation” and was established in Michigan, on 06/13/1941. 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 Holland Home Inc. have submitted documentation appointing Troy Vugteveen as Licensee Designee for this facility and Sara Heethuis the Administrator of the facility.

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

The licensee designee, Troy Vugteveen, and administrator, Sara Heethuis, 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 20 bed facility is adequate and includes a minimum of 3 staff –to- 20 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, 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 of 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 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.

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.

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 six-month temporary license to this adult foster care large group home (capacity 20).

Arlene B. Smith

10/30/2015

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

11/02/2015

Jerry Hendrick
Area Manager

Date