



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

April 18, 2016

Holland Deacons Conference
272 E 26th Street
Holland, MI 49423

RE: Application #: AS700382067
My Brother's House I
460 W. 29th Street
Holland, MI 49423

Dear Ms. Miedema:

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, MSW
Adult Foster Care Licensing Consultant
Licensing and Regulatory Affairs
350 Ottawa Avenue, NW – 7th Floor
Grand Rapids, Michigan 49503
Cell: (616) 644-9526
Fax: (616) 356-0101

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

I. IDENTIFYING INFORMATION

License #:	AS700382067
Applicant Name:	Holland Deacons Conference
Applicant Address:	272 E 26th Street Holland, MI 49423
Applicant Telephone #:	(616) 494-6050
Administrator:	Laurie Miedema
Licensee Designee:	Laurie Miedema
Name of Facility:	My Brother's House I
Facility Address:	460 W. 29th Street Holland, MI 49423
Facility Telephone #:	(616) 494-6050
Application Date:	03/21/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/21/2016	Enrollment
03/23/2016	Inspection Completed-BCAL Full Compliance
03/23/2016	Inspection Completed On-site
03/23/2016	Inspection Completed-BCAL Full Compliance
03/28/2016	Application Incomplete Letter Sent Fingerprint/Livescan form/1326 for Jacob Kooyman

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

My Brother's House I used to be at 112 W. 10th Street in Holland, Michigan 49423 with the license number AS700012849 and was issued an Adult Foster Care license on July 2, 1981. A new house was built at 460 W. 29th Street in Holland for these residents to move into in order that they would have a better house in which to live.

The new My Brother's House I is a sprawling gray ranch dwelling with an attached two-car garage. It is on a short, dead end road of only two houses. The home consists of 6 bedrooms, each with its own full bath (shower stall, sink, vanity, and toilet); kitchen; dining area; living room; laundry room; and a common use full bath with a bathtub instead of a shower stall on the main floor; and a finished basement. The finished basement has a furnace and hot water heater room that is fully enclosed and has a 1 and ¾ inch fire safety door that has self-closing hardware attached and latches when released. There are 6 separate closets in the basement, one for each resident. There is a full bath downstairs. The remainder of the basement is a large, open area that will be used for recreation and relaxation and other purposes. The entire basement is carpeted, and there are several large windows that let in ample sunlight. In addition to two stairways leading to the main level, each with a self-closing fire safety door to create floor separation, there is an exterior exit door. Directly outside this door is a cove with a cemented area at the bottom of a set of stairs that leads up to ground level.

There are 6 operable A-B-C fire extinguishers, with at least one on each floor of the home, including the basement, and they 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. The water was tested on 03/23/2015 and its temperature was within the 105-120 degree range.

The resident bedrooms were measured as follows:

Room	Measurements	Square Footage	Capacity
Bedroom #1	16'4" X 9'4"	152'	1
Bedroom #2	14'7" X 10'6"	153'	1

Bedroom #3	16' X 10'10"	173'	1
Bedroom #4	16' X 10"	160'	1
Bedroom #5	13'8" X 11'1"	151'	1
Bedroom #6	14'1" X 13'	183'	1

Total Capacity: 6

These bedroom measurements do not include the square footage of their attached full bathrooms.

The living room and dining area measure 464 square feet, which exceeds the requirement of 35 square feet of living space per resident. There is approximately 1800 square feet of additional living space in the finished basement.

The home is not wheelchair accessible.

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. Caustics used in the home are kept in the basement away from the food preparation area. The medications will be kept in the cupboard in the kitchen, which has a lock on it. 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. All of the furniture, appliances, equipment, etc. are clean and in good condition. There are handrails where required. The maintenance and cleanliness of the home are good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and front porch are all in good condition. The siding, roof, and gutters are also all in good condition.

My Brother's House I has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it.

The home utilizes public water and sewage services.

B. Program Description

The licensee, Holland Deacons Conference, LLC, will operate a small group home at this residence.

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) ambulatory male adults 18 years old and older whose diagnosis is developmentally disabled 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. 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 all transportation for program and medical needs. The vehicle used for transporting residents will be maintained in a safe, good working condition, and a first aid kit will be kept in the vehicle. 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

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee, Laurie Miedema, who is also the Administrator. The Licensee Designee/Administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee/Administrator 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift.

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) 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 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 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.

RECOMMENDATION

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

VI. RECOMMENDATION

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



April 15, 2016

Ian Tschirhart
Licensing Consultant

Date

Approved By:



April 18, 2016

Jerry Hendrick
Area Manager

Date