



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 31, 2017

Krista Mason  
Benjamin's Hope  
15468 Riley Street  
Holland, MI 49424

RE: Application #: AS700386609  
Benjamin's Hope-Home 4  
2997 Grace Circle Drive  
Holland, MI 49424

Dear Mrs. Mason:

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, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700386609
<b>Applicant Name:</b>	Benjamin's Hope
<b>Applicant Address:</b>	15468 Riley Street Holland, MI 49424
<b>Applicant Telephone #:</b>	(616) 399-6293
<b>Licensee Designee:</b>	Krista Mason
<b>Administrator:</b>	Lynn Yntema
<b>Name of Facility:</b>	Benjamin's Hope-Home 4
<b>Facility Address:</b>	2997 Grace Circle Drive Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 399-6293
<b>Application Date:</b>	01/18/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/18/2017	Enrollment
01/24/2017	Contact - Document Sent Rule & ACT Books
01/24/2017	Application Incomplete Letter Sent 1326 for Krista Mason (Licensee Designee)
01/24/2017	Licensing Unit file referred for background check review 1326 for Lynn Yntema
01/24/2017	Application Complete/On-site Needed
01/30/2017	Inspection Completed On-site
01/30/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Benjamin's Hope – Home 4 is one of six houses, along with other buildings, on a 40-acre campus. It is located at 2997 Grace Circle Drive in Holland, Ottawa County, Michigan. 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. There is a large (2-car) attached garage. The homes were specifically designed for the comfort, accessibility, and needs of autistic adults, and all six houses are licensed adult foster care homes owned and operated by Benjamin's Hope.

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 attached to the wall and 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 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 exceeds the minimum of 35 square feet per resident requirement.

Grass seed will be planted in the Spring of 2017, 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, a large community center, and a barn on the campus. These buildings are in excellent condition.

This home, the other five homes, and 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 corporation 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 Lynn Yntema 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](http://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 6).



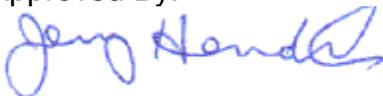
January 30, 2017

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Licensing Consultant

Date

Approved By:



January 31, 2017

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Area Manager

Date



