



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 13, 2017

Sara Heethuis  
Holland Home  
Suite 300, 2100 Raybrook Ave. SE  
Grand Rapids, MI 49546

RE: Application #: AL410383848  
Holland Home Breton Extended Care - Building B  
2565 44th St., SE.  
Kentwood, MI 49512

Dear Ms. Heethuis:

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) 356-0100.

Sincerely,

*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**

<b>LicenseApplication #:</b>	AL410383848
<b>Licensee Name:</b>	Holland Home
<b>Licensee Address:</b>	Suite 300 2100 Raybrook Ave. SE Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(616) 235-5000
<b>Administrator/Licensee Designee:</b>	Sara Heethuis
<b>Name of Facility:</b>	Holland Home Breton Extended Care - Building B
<b>Facility Address:</b>	2565 44th St., SE. Kentwood, MI 49512
<b>Facility Telephone #:</b>	(616) 643-2501
<b>Application Date:</b>	07/19/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODOLOGY

07/19/2016	On-Line Enrollment
07/20/2016	Inspection Report Requested - Fire
07/20/2016	Contact - Document Sent Fire Safety String and Rule/ACT Books
02/22/2017	Contact - Document Received Email from Troy Vugteveen Vice President of Operations - CLS/Holland Home.
02/24/2017	Contact - Document Received Email received from Troy Vugteveen
06/01/2017	Contact - Document Sent inactive 10 day letter
06/14/2017	Contact - Document Received 1326 for Sara Heethius (Admin)
06/20/2017	Application Complete/On-site Needed
06/20/2017	File Transferred To Field Office Grand Rapids
06/27/2017	Application Incomplete Letter Sent
09/09/2017	Inspection Completed-Fire Safety : A
09/28/2017	Contact - Document Received Email received from Troy Vuteveen
09/29/2017	Contact - Document Received From Troy Vugteveen
10/18/2017	Contact - Document Received Email received from Trou Vugteveen
11/02/2017	Inspection Completed On-site Received Zoning Approval
11/09/2017	Contact - Document Received CPR Careds Flor Plans Menus, Registry of Complaint and Staffing Mode.
11/09/2017	Inspection Completed Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is newly build, free standing, one floor construction which is located in Kentwood, on the Holland Breton Woods of Holland Home Campus. The facility does not contain a basement. The facility is wheelchair, handicap accessible and has two approved means of egress. There is a large two stalled garage attached to the facility that is handicap accessible. There is an enclosed mechanical room. The mail floor, in the shape of a square, contains a large foyer with two restrooms and an office. There is a full kitchen prep room and a walk in pantry. There is a large dining area off the kitchen and a large living room. The facility has a large den and a spa. The facility has a laundry room, and a storage closet. Located on the mail floor is a locked Nurse's Station/medication room. There is enclosed mechanical room. There are fifteen (15) resident bedrooms which are located around a large coordinator and each contains a full bathroom.

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-resistant 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. The facility will utilize public water and sewage system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
101	15' x 15' + 6' 1"x 6'9" + 7' 7"x 1' 8" + 8'7" x 4' 5"	316.54	2
102	14' 8" x 15' 6" + 5' 11" x 6' 9" + 7' 3" x 1' 8" + 4' 5" x 8' 3"	288.41	2
103	14' 8" x 13' + 5' 11"x 6' 9" + 7' 3" x 1' 8" + 4' 5" x 8' 3"	296.20	1
104	"	"	1
105	15' 8" x 15' 8" + 6' 11" x 6' 9" + 8' 2" x 1' 8"	309.91	2

	+ 9' 2" x4' 5"		
106	Same as 103	296.20	1
107	"	"	1
108	"	"	1
109	"	"	1
110	"	"	1
111	"	"	1
112	"	"	2
113	"	"	1
114	"	"	1
115	"	"	2

The living, dining, and sitting room/den 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 who are aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. If appropriate a personal behavior support plan will be designed and implemented for each resident's social that are considered as 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 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.

**C. Applicant and Administrator Qualifications**

The applicant is Holland Home, Inc., which is "Non Profit Corporation" was established in Michigan, on 0613/1941. 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 Sara Heethuis as Licensee Designee for this facility and Sara Heethuis as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee Sara Heethuis. The licensee designee, Sara Heethuis 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, Sara Heethuis 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 2 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 stated 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 acknowledge 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](http://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 residents' 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 license with a capacity of 20.

*Arlene B. Smith*

11/09/2017

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Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

11/13/2017

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Jerry Hendrick  
Area Manager

Date