



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 3, 2018

Mike Dykstra
Golden Life AFC, LLC
Ste 20
6159 28th St.
Grand Rapids, MI 49546

RE: Application #: AM590393687
Golden Life AFC
10710 Roy Drive
Greenville, MI 48838

Dear Mr. Dykstra:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure



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

I. IDENTIFYING INFORMATION

License Application #: AM590393687

Applicant Name: Golden Life AFC, LLC

Applicant Address: Ste 20
6159 28th St.
Grand Rapids, MI 49546

Applicant Telephone #: (616) 307-7719

Licensee Designee: Mike Dykstra

Administrator: LouAnne Camp

Name of Facility: Golden Life AFC

Facility Address: 10710 Roy Drive
Greenville, MI 48838

Facility Telephone #: (616) 307-7719
04/10/2018

Application Date:

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED



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II. METHODOLOGY

04/10/2018	Enrollment
04/20/2018	Contact - Document Sent Fire Safety String
04/20/2018	Inspection Report Requested - Health Inv. #1028210
04/20/2018	Contact - Document Sent Rule & Act booklets
05/01/2018	Application Incomplete Letter Sent
05/07/2018	Contact - Telephone call received Received call from Mike Dykstra
05/18/2018	Inspection Completed-Env. Health: A
05/30/2018	Contact - Telephone call received Mike Dykstra
05/30/2018	Contact - Telephone call received Received a telephone call from Mike Dykstra and he stated they moved their corp. office to the back of the building and therefore their address changed: New address 6159 28th. Street Suite 20, Grand Rapids, MI 49546. BITS has been updated.
08/07/2018	Inspection Completed-Fire Safety: A Inspection was completed under current license of Our Place Cares/AM590262887.



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08/22/2018	Application Complete/On-site Needed
08/22/2018	Inspection Completed On-site Physical Plant Inspection, Review of staff, licensee designee, administrator, and resident files.
08/22/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story, ranch-style house with a walkout basement. This facility is currently licensed as a twelve-bed facility but is changing ownership. All resident living space is on the main floor of the facility and the walkout basement will not be used by residents. The home is made up of vinyl siding and brick with a kitchen, dining room, living room, den, four bathrooms (Resident Bedroom #6 has a private bath and Resident Bedrooms #1 and #2 have a Jack and Jill bathroom), six bedrooms with two residents to a bedroom. The home has a screened-in porch off the back of the home for the residents to enjoy the outdoors. The facility is in a residential neighborhood in Eureka Charter Township, just on the outskirts of the city limits of Greenville, MI. The main entrance into the facility has two steps up into the facility but there are two additional entrances into the facility that are equipped with a ramp to make the facility wheelchair accessible.

The home utilizes a private well and private septic system, which were inspected by the District Health Sanitarian and were found to be adequate to serve twelve residents and two staff. Full compliance with administrative rules was given on 05/18/2018 for twelve residents.

The home has two natural gas, forced-air furnaces in the basement with an enclosed furnace room with one-hour fire rating and fire-rated door with an automatic self-closing device and positive latching hardware. The water heater is also located in the basement with the furnace. The basement is separated from the remainder of the home through standard construction floor separation, including a 20-minute fire-rated door equipped with an automatic self-closing device and positive



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latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled. The facility was inspected on 08/07/2018 and determined by the Bureau of Fire Services to be in full compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds Permitted
1- 1 st Floor	15' x 12'	180 sq. ft	2
2- 1 st Floor	15' x 12'	180 sq. ft	2
3- 1 st Floor	15' x 11'	165 sq. ft	2
4- 1 st Floor	15' x 11'	165 sq. ft.	2
5- 1 st Floor	15' x 13'	195 sq. ft.	2
6- 1 st Floor	17' x 11'	187 sq. ft.	2 (private bath)

The total living space measured 809 square feet, which exceed the minimum of 35 square feet occupant requirement.

Based on the application, this facility will be licensed for **Twelve (12)** residents ONLY. It is the licensee's responsibility not to exceed the facility's licensed capacity of **Twelve (12)** at any time during the license.

B. Program Description

The applicant, Golden Life AFC, LLC., intends to provide 24-hour supervision, protection and personal care to twelve (12) male and/or female residents who are Aged, Physically Handicapped and/or diagnosed with Dementia/Alzheimer's disease. The program will include social interaction; support to retain independence, and personal adjustment. The applicant intends to accept appropriate referrals from the community, hospitals, Mi-Choice Waiver Agencies and Veterans.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local



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community resources for recreational activities including local parks, senior center programs, town festivals, public/church musical/singing groups, playing games, and movies. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Golden Life AFC, LLC., a "For Profit Corporation" established in Michigan on 01/12/2018. 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.

Golden Life AFC, LLC is a single owned entity, owned by Dom Groenveld. Mr. Groenveld has submitted documentation appointing Mike Dykstra as licensee designee and LouAnne Camp as administrator for Golden Life AFC.

Criminal history background checks for the licensee designee and administrator, Mr. Dykstra and Ms. Camp, were completed and both were determined to be of good moral character to provide licensed adult foster care. Mr. Dykstra and Ms. Camp have submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Dykstra currently owns and works in his own AFC facility in which he serves as licensee designee and administrator for and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Dykstra has over one year of experience working with individuals who are aged, diagnosed with Alzheimer's Disease and/or have physical handicaps. Ms. Camp has been a home manager and direct care staff for twelve plus years. Ms. Camp's work experience includes, but is not limited to, working with individuals who are aged, diagnosed with Alzheimer's Disease and/or physical handicaps.

The staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of two staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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.



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The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged 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 acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.



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The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home, capacity of 12.

Bridget Vermeesch

09/10/2018

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

10/03/2018

Dawn N. Timm
Area Manager

Date