



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 22, 2019

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

RE: Application #: AM590395969
Golden Life AFC 2
503 W. Montcalm
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,

Bridget Vermeesch

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM590395969
Applicant Name:	Golden Life AFC, LLC
Applicant Address:	Ste 20 6159 28th St. Grand Rapids, MI 49546
Applicant Telephone #:	(616) 307-7719
Administrator:	Mike Dykstra
Licensee Designee:	Mike Dykstra
Name of Facility:	Golden Life AFC 2
Facility Address:	503 W. Montcalm Greenville, MI 48838
Facility Telephone #:	(616) 232-2584 08/23/2018
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/23/2018	Enrollment
08/24/2018	Contact - Document Sent Rule & Act booklets
08/24/2018	Application Incomplete Letter Sent CI's for Mike (LD & Admin); IRS ltr
08/28/2018	Contact - Document Received CI for Mike (LD & Admin); IRS ltr
08/28/2018	Contact - Document Sent Fire Safety String
09/10/2018	Application Incomplete Letter Sent
09/11/2018	Contact - Document Received Spoke with Mike Dykstra regarding the name of the facility & the LLC and they have decided to change the name of the facility to Golden Life AFC 2 and submitted a new app. with name change.
10/15/2018	Inspection Completed- BFS Full Compliance
11/14/2018	Inspection Completed On-site Physical Plant inspections, review of documents.
11/14/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Golden Life AFC 2 is located in Greenville, Michigan, was a previously licensed AFC facility. The facility is a two-story residential home with a large single-story addition as well as a large porch which residents can use for outdoor enjoyment. The main entrance off the porch opens into a small foyer and the resident dining room. A long hallway leads to resident bedrooms and the resident living/recreation room. All resident bedrooms are single occupancy-private rooms. The facility also has a kitchen, laundry room, pantry, locked medication area, and quarters for a potential live-in direct care staff member on the second floor of the home. The facility is wheel-chair accessible, with ramps accessible at each of the four approved means of egress from the first floor of the home. The unfinished basement is not used by or available to residents.

The facility utilizes public water and sewer services. The facility has one natural gas furnace and hot water heater that are located in the basement and are separated from the remainder of the facility by a 1-3/4 inch solid core door equipped with an automatic

self-closing device and positive latching hardware located at the stairs. A second natural gas furnace and water heater are located on the first floor of the home in a room that is constructed of material that has a 1-hour-fire-resistance rating with a 20-minute-rated fire door with automatic self-closing device and positive-latching hardware.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home is fully sprinkled and has fire extinguishers on each floor of the facility. The facility was inspected by the Bureau of Fire Services on 10/15/18, was granted full approval at this time and found to be in 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
1	10.75' X 7.67'	82.4 sq. ft	1
2	10.67' X 7.67'	81.8 sq. ft	1
3	10.75' x 7.58'	81.5 sq. ft	1
4	10.67' X 7.67'	81.8 sq. ft	1
5	10.67' x 7.67'	81.8 sq. ft	1
6	10.75' x 7.92'	85.1 sq. ft	1
7	10.75' x 8.33'	89.5 sq. ft	1
8	10.67 x 7.33'	78.2 sq. ft	1
9	10.67' x 7.75'	82.7 sq. ft	1
10	10.75' x 7.67'	82.5 sq. ft	1
11	10.67' x 8.17'	87.2 sq. ft	1
12	11.33' x 12.17'	137.9 sq. ft	1

The living/recreation room (25' x 16') and dining room (16' x 18.5') provide a total of 696 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

B. Program Description:

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and/or female residents who are aged, physically handicapped, developmentally disabled and mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, and independent living skills. Opportunities for involvement in educational or day programs or employment will be provided, and transportation will be arranged through local transit. The facility is within

walking distance of the small downtown main street stores and cafes. The facility will provide the residents access to community churches, libraries, hospitals, shopping and restaurants. These resources provide an environment to enhance the quality of life and increase the independence of residents. The applicant intends to accept referrals from CMH, MI Choice Waiver and Area Agency on Aging.

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.

C. Applicant and Administrator Qualifications:

The applicant is Golden Life AFC, L.L.C., 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, L.L.C. is a single owned entity, owned by Dom Groenveld. Mr. Groenveld has submitted documentation appointing Michael Dykstra as licensee designee and as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator, Mr. Michael Dykstra were completed and found to be of good moral character to provide licensed adult foster care. The Mr. Michael Dykstra submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Michael Dykstra has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Michael Dykstra has successfully served as the licensee designee and administrator of the previously licensed AFC for the past five years which included experience working with, but not limited to individuals who are aged, developmentally disabled and mentally ill.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of two staff for 12 residents during waking hours and then 1 staff for 12 residents per sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision, protection, 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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.

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.

