



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 27, 2020

Juliet Troast  
3538 144th Ave  
Holland, MI 49424

RE: Application #: AS700403401  
BEECHWOOD HOPE CARE  
608 Beechwood St.  
Holland, MI 49423

Dear Ms. Troast:

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) 356-0183.

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>	AS700403401
<b>Licensee Name:</b>	Juliet Troast
<b>Licensee Address:</b>	608 Beechwood St Holland, MI 49423
<b>Licensee Telephone #:</b>	(616) 994-2060
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	BEECHWOOD HOPE CARE
<b>Facility Address:</b>	608 Beechwood St. Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 994-2060
<b>Application Date:</b>	02/06/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

02/06/2020	On-Line Enrollment
02/11/2020	Comment Unaffiliated minor household member Faith Troast 5/27/04
02/24/2020	Contact - Document Received AFC 100 for Juliet Troast
02/26/2020	File Transferred to Field Office Grand Rapids
03/13/2020	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Beechwood Hope Care is located at 608 Beechwood Street, Holland, (Ottawa County), Michigan, and is owned and operated by Juliet Troast. It is a ranch-style home with a basement. There are four resident bedrooms on the main floor, along with a kitchen, dining area, living room, laundry room, and a full bath. There are handrails where required. The home is not wheelchair accessible. This home utilizes public water and sewage services. This home was previously licensed as a family group home under a different Licensee/Owner-Operator from 10/09/2012 to 07/11/2019; and then Ms. Troast owned and operated this home under a family home license from 09/17/2019 until the issuance of this license (AS700403401).

The hot water heater and furnace are located in a room in the basement that is equipped with a 1-3/4 inch solid core door 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, which was tested upon the final inspection on 03/13/2020 and worked properly. There is one operable A-B-C fire extinguisher on the main floor and one in the basement, both attached to the wall and easily accessible. Evacuation routes are placed on the walls in conspicuous places. The home is not wheelchair accessible.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'3" X 9'6"	116	1
2	15'3" X 8'9"	133	2
3	16'6" X 9'5"	155	2
4	11'3" X 9'10" – 7'3" for armoire	102	1

## **Total Capacity: 6**

The living and dining room areas measure a total of 346 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, 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.

All of the furniture, appliances, equipment, countertops, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The landscaping surrounding the home is well-maintained and free of remediable hazards.

### **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 adults aged 30 to 80 years, who may be diagnosed with a physical handicap, Traumatic Brain Injury, mental illness and/or developmental disability. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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.

Beechwood Hope Care will provide transportation to residents and any charges for this service will be reflected in the Resident Care Agreements. Emergency transportation needs will be fulfilled through ambulance services; other transportation needs can be arranged by family members, or other service providers.

### **C. Applicant and Administrator Qualifications**

Juliet Troast is the Licensee/Owner-Operator of this home. Medical and Record Clearance requests for her were completed with no restrictions noted on either. Ms. Troast's TB-tine results were negative.

Ms. Troast has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Troast was a co-licensee of an AFC family group home (AF700294887) from 05/20/2008 to 07/11/2019.

Ms. Troast has submitted in writing that Beauty Bipasha is the Responsible Person who will operate this home in her absence for up to 72-hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in this home.

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)), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and 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.

**IV. RECOMMENDATION**

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



March 27, 2020

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



March 27, 2020

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Jerry Hendrick  
Area Manager

Date