



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 25, 2022

Cornelius Kuperus
David's House Ministries
2390 Banner Dr.
Wyoming, MI 49509

RE: Application #: AS410408621
Pine Tree Lodge
2224 Hope Grove Ave SW
Wyoming, MI 49509

Dear Mr. Kuperus:

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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, 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

License #:	AS410408621
Applicant Name:	David's House Ministries
Applicant Address:	2390 Banner Dr. Wyoming, MI 49509
Applicant Telephone #:	(616) 247-7861
Administrator/Licensee Designee:	Cornelius Kuperus, Designee
Name of Facility:	Pine Tree Lodge
Facility Address:	2224 Hope Grove Ave SW Wyoming, MI 49509
Facility Telephone #:	(616) 247-7861
Application Date:	05/12/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/08/2021	Contact - Document Received Confirm inspection date of 12/14/2021
05/12/2021	Enrollment
05/12/2021	File Transferred To Field Office GR - via SharePoint
06/09/2021	Application Incomplete Letter Sent
06/09/2021	Contact - Document Received Email from Cornelius Kuperus, Licensee Designee that he received my Incomplete Letter, and he will be working on getting all the papers together.
07/27/2021	Contact - Document Received Received scanned documents: Program Statements, Personnel Policy, (Job descriptions for Direct Care Worker, Team Captain, Home Supervisor, Quality & Compliance Manger, Maintenance Supervisor, Residential Services Manager) Standard Routine Procedures, Staffing Pattern, Org. Chart, Service Agreement with Network 180, Jessica and Casey physicals and their TB test results, Floor Plan, and other paperwork,
10/14/2021	Contact - Document Received Received "Certificate of Occupancy" dated 10/14/2021, from the City of Wyoming.
11/09/2021	Contact - Document Received Information of Ribbon Cutting set for 11/16/2021.
11/30/2021	Contact - Telephone call received Ready for inspection.
11/30/2021	Contact - Document Received Email from Licensee Designee, Cornelius Kuperus
12/14/2021	Inspection Completed On-site Licensing Consultant, Cassandra Duursma and I conducted the opening inspection.
01/13/2021	Contact - Document Received Special Certification Application, Admission Policy, Discharge Policy, Grievance Appeal Process and their Refund Policy
01/13/2021	Contact - Telephone call made to

	The Licensee Designee concerning the OLSR.
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Applicant, David’s House Ministries, designed and build this new single-story, stick built construction, Ranch style, small group Adult Foster Care Home. The home is located within the Wyoming City limits. The home is in a quiet residential neighborhood and is located near five other licensed AFC homes which are licensed to David’s House Ministries and David’s House. The home does not have a basement and therefore will not require a floor separation. The home is handicapped accessible with no required ramps because the home is one floor, and the all the entrances/exits are all flat. The home has two required means of exits. The home consists of a large entryway, a large dining room, a resident lounge/living room, a full kitchen, with an attached pantry, a staff room, a laundry, a full bathroom, mechanical room, an office, and a resident/family meeting room and a storage area. The home has six individual resident bedrooms which each having an attached bathroom. There are three rooms which have a built into the ceiling mounted resident lift systems. This allows the staff to lift a resident from their bed or wheelchair and can take them to the toilet, tub area, or to their bed or wheelchair. The home will utilize public and sewer system. The south end of the roof for the home has solar panels installed.

The Applicant has applied for a Special Certification.

The boiler and hot water heater are located on the main floor in an enclosed mechanical room with two 1-3/4-inch wood core doors with a fully stopped frame. One of the doors is equipped with an automatic self-closing device and positive latching hardware. The home is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by licensed electrician and is fully operational. The home is equipped with an approved pull station alarm system, located at the front and back exits. The home has a sprinkler system installed throughout the home as well as the mechanical room. The city of Wyoming requires all new residential homes to be sprinkled.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	15’ 11” x 12’ 3”	195.02	1
# 2	“	“	1
# 3	“	“	1
# 4	“	“	1
# 5	“	“	1
# 6	“	“	1

The living, dining, and sitting room areas measure a total of 1,242.81 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 six 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 **six** (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents from KENT County-DHHS, Kent County CMH, Network 180, Right Door, Ionia County CMH, Clinton Eaton Ingham County, CMH and they will accept residents from any CMH in Michigan as a referral source. They will also accept private pay individuals. They will also accept residents from Citizens Insurance.

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 David's House Ministries, Inc., which is a "Non-Profit Corporation" and was established in Michigan, on 07/31/1989. 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 David's House Ministries, Inc. have submitted documentation appointing Cornelius Kuperus as Licensee Designee for this facility and Jessica Suschil as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant the licensee designee and the administrator. The applicant licensee

designee and administrator submitted a medical clearance request with statements 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 2 staff -to- 6 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 not be awake during sleeping hours.

The applicant acknowledged 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 acknowledges 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) 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 resident's 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity 6.

Arlene B. Smith

01/25/2022

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/25/2022

Jerry Hendrick
Area Manager

Date