



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 25, 2022

Robert Poll
Harbor House Ministries
919 44th Street
Jenison, MI 49428

RE: License #: AL700268722
Harbor House Beacon Place
949 Forty-fourth Street
Jenison, MI 49428-9193

Dear Mr. Poll:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AL700268722

Licensee Name: Harbor House Ministries

Licensee Address: 919 44th Street
Jenison, MI 49428

Licensee Telephone #: (616) 797-9919

Licensee/Licensee Designee: Robert Poll, Designee

Administrator: Peggy Driesenga, Administrator

Name of Facility: Harbor House Beacon Place

Facility Address: 949 Forty-fourth Street
Jenison, MI 49428-9193

Facility Telephone #: (616) 797-9920

Original Issuance Date: 08/18/2005

Capacity: 13

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2022

Date of Bureau of Fire Services Inspection if applicable: 08/10/2022

Date of Environmental/Health Inspection if applicable: 02/24/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A Reviewed current variances.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

Exit conference completed onsite 02/24/2022 with P.Driesenga.

IV. RECOMMENDATION

I recommend issuance of a two year regular Adult Foster Care license



02/25/2022

Toya Zylstra
Licensing Consultant

Date