



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 19, 2022

Anna-Lee Hendricks
Harmony Enterprises Inc
PO Box 118
Plainwell, MI 49080

RE: License #: AM390015877
Harmony Brook
10130 N. Riverview Drive
Plainwell, MI 49080

Dear Ms. Hendricks:

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 are 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AM390015877

Licensee Name: Harmony Enterprises Inc

Licensee Address: P.O. Box 118
10060 Riverview Drive
Plainwell, MI 49080

Licensee Telephone #: (269) 271-7462

Licensee Designee: Anna-Lee Hendricks

Administrator: Anna-Lee Hendricks

Name of Facility: Harmony Brook

Facility Address: 10130 N. Riverview Drive
Plainwell, MI 49080

Facility Telephone #: (269) 343-8255

Original Issuance Date: 05/20/1994

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 09/16/2022

Date of Bureau of Fire Services Inspection if applicable: 05/24/2022

Date of Health Authority Inspection if applicable: 06/20/2022

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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? 1 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification for the mentally ill and developmentally delayed.



09/19/2022

Cathy Cushman
Licensing Consultant

Date