

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 1, 2023

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

> RE: License #: AM030015153 Harmony House 211 West Bridge Street Plainwell, MI 49080

Dear Anna-Lee 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 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 (517) 284-9730.

Sincerely,

Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

# I. IDENTIFYING INFORMATION

License #:	AM030015153
Licensee Name:	Harmony Enterprises Inc
Licensee Address:	P.O. Box 118 10060 Riverview Drive Plainwell, MI 49080
Licensee Telephone #:	(269) 271-7462
Licensee/Licensee Designee:	Anna-Lee Hendricks
Administrator:	Anna-Lee Hendricks
Name of Facility:	Harmony House
Facility Address:	211 West Bridge Street Plainwell, MI 49080
Facility Telephone #:	(269) 271-7462
Original Issuance Date:	05/11/1994
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

# **II. METHODS OF INSPECTION**

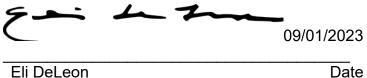
Date	e of On-site Inspection(s):	08/15/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	04/26/2023	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0	3 4	
•	Medication pass / simulated pass observed? Yes $\boxtimes$	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.		
•	Fire safety equipment and practices observed? Yes $igsqcolor$ No $igcap$ 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, expla	in.	
•	Corrective action plan compliance verified? Yes □ 0 N/A ⊠ Number of excluded employees followed-up?	CAP date/s and rule/s: ∿/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.



Eli DeLeon Licensing Consultant