



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 21, 2024

James Greydanus  
Holland Deacons Conference  
224 W. 30th Street  
Holland, MI 49423

RE: Application #: AS700418187  
Brothers Home 2  
473 W. 29th Street  
Holland, MI 49423

Dear Jim Greydanus:

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 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>	AS700418187
<b>Applicant Name:</b>	Holland Deacons Conference
<b>Applicant Address:</b>	224 W. 30th Street Holland, MI 49423
<b>Applicant Telephone #:</b>	(616) 494-6050
<b>Licensee Designee:</b>	James Greydanus
<b>Administrator:</b>	James Greydanus
<b>Name of Facility:</b>	Brothers Home 2
<b>Facility Address:</b>	473 W. 29th Street Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 494-6050
<b>Application Date:</b>	01/19/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/19/2024	Enrollment
01/19/2024	PSOR on Address Completed
01/19/2024	Contact - Document Sent form sent
01/22/2024	Contact - Document Received 1326 and RI030
01/23/2024	File Transferred To Field Office
01/23/2024	Application Incomplete Letter Sent
05/06/2024	Application Complete/On-site Needed
05/14/2024	Contact - Document Received I received an email from Carrie Lems, Administrator, regarding the house completion date
06/03/2024	Inspection Completed On-site
06/03/2024	Contact - Document Received I received an email from Ms. Lems
06/03/2024	Contact - Document Sent I sent an email response to Ms. Lems
06/03/2024	Contact - Document Received I received an email from Jim Greydanus, Licensee Designee, about the furnace room
06/03/2024	Contact - Telephone call received I spoke with Mr. Greydanus about the furnace room
06/04/2024	Contact - Telephone call received I spoke with Tom Vroon, contractor, about the furnace room
06/12/2024	Inspection Completed On-site I made an onsite inspection
06/12/2024	Contact - Document Sent I sent Mr. Greydanus an email with the licensing rules about locks

06/13/2024	Contact - Document Received I received an email from Mr. Greydanus acknowledging that he received the rules
06/17/2024	Inspection Completed On-site
06/17/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

Brothers Home 2 is located at 473 W. 29th Street, Holland, Michigan 49423, and is owned by Holland Deacons Conference, the company that provides adult foster care services at this home. Proof of ownership was submitted and is on file. Holland Deacons Conference owns and operates four other licensed adult foster care homes.

The house is ranch-style and was finished being built on 2024. The home has a basement and an attached two-car garage. The basement contains a large family room, a relief staff bedroom, one full bath, a mechanical room that has the furnaces and water heaters in it and is equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware. There are also ample storage and closet spaces in the basement. There are two means of egress from the basement, one leading directly to outside ground level. The main level of the house has six bedrooms, each with a full bath (shower stall, not tub), a barrier-free half bath, living room, kitchen, dining area, and laundry room on one side of the house; and three bedrooms, two full bathrooms, one half-bath, kitchen, dining area, and living room on the live-in staff's side of the house.

The home is wheelchair accessible, utilizing a ramp that meets licensing structural and dimension requirements.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 06/17/2024 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall on each level of the building and is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'1" X 9'4"	150	1
2	13'9" X 10'5"	143	1
3	15'9" X 9'10"	154	1
4	15'11" X 9'10"	156	1
5	13'7" X 10'10"	147	1
6	12'7" X 13'6"	169	1

**Total Capacity: 6**

The living and dining room areas measure a total of 1763 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, 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 appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

As this new license and home are replacing license number AS700067654 (My Brother's House II), all of the required furniture will be transferred to this new home as well. I have verified that My Brother's House II has all of the furniture required for six residents, which will be transferred to this new license/home.

### **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 adults aged 18 to 60 years old, who may be diagnosed with 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.

Brothers Home 2 will provide transportation to residents, and any charges for such will be stated in the Resident Care Agreement. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

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

James Greydanus is the Licensee Designee and the Administrator of this AFC home. Medical and Record Clearances were submitted and no restrictions were noted, and his TB test results were negative.

The applicant acknowledges an understanding of the training and qualification 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](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).



06/21/24

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Ian Tschirhart  
Licensing Consultant

Approved By:



06/21/24

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Jerry Hendrick  
Area Manager