



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2024

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

RE: License #: AM700285825
Harbor House Anchor Place
979 44th Street
Jenison, MI 49428

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 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 (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

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|------------------------------------|--|
| License #: | AM700285825 |
| Licensee Name: | Harbor House Ministries |
| Licensee Address: | 919 44th Street Jenison, MI 49428 |
| Licensee Telephone #: | (616) 797-9920 |
| Licensee/Licensee Designee: | Robert Poll, Designee |
| Administrator: | Peggy Driesenga |
| Name of Facility: | Harbor House Anchor Place |
| Facility Address: | 979 44th Street Jenison, MI 49428 |
| Facility Telephone #: | (616) 797-0810 |
| Original Issuance Date: | 09/19/2007 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2024

Date of Bureau of Fire Services Inspection if applicable: 01/26/2024

Date of Environmental/Health Inspection if applicable: 07/16/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 10

No. of others interviewed N/A Role:

- 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? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
R.400.15304 (1) (o) and (2) Resident rights; licensee responsibilities approved 2024.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. *Exit Conference completed 7/16/2024 onsite with Peggy Driesenga.*

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

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



07/18/2024

Toya Zylstra
Licensing Consultant

Date