



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 6, 2025

Krista Mason
Benjamin's Hope
15468 Riley Street
Holland, MI 49424

RE: Application #: AS700419152
Benjamin's Hope-House 8
15468 Riley St
Holland, MI 49424

Dear Krista Mason:

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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS700419152
Licensee Name:	Benjamin's Hope
Licensee Address:	15468 Riley Street Holland, MI 49424
Licensee Telephone #:	(616) 399-6293
Licensee Designee:	Krista Mason
Administrator:	Krista Mason
Name of Facility:	Benjamin's Hope-House 8
Facility Address:	15468 Riley St Holland, MI 49424
Facility Telephone #:	(616) 399-6293
Application Date:	01/20/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/20/2025	On-Line Enrollment
01/21/2025	PSOR on Address Completed
01/21/2025	Inspection Report Requested - Health Inv 1034856
01/21/2025	Contact - Document Sent sent forms
02/11/2025	Inspection Completed- Env. Health- A
02/20/2025	Contact - Document Received
02/25/2025	File Transferred to Field Office
03/03/2025	Application Incomplete Letter Sent
05/29/2025	Application Complete/On-site Needed
05/29/2025	Inspection Completed On-site
05/29/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS:

A. Physical Description of Facility

Benjamin's Hope – Home 8 is one of eight houses, along with other buildings on a 40-acre campus. It is located at 15468 Riley Street in Holland, Ottawa County, Michigan. The home is a newly constructed, single-story ranch, with high ceilings and an open, spacious layout. The home has a large, open kitchen, dining, and living area. There is a mud room, staff work area, laundry room, and one public full bathroom. There are six large, private resident bedroom suites. Each resident suite has a private full bathroom. The home was specifically designed for the comfort, accessibility, and needs of adults with developmental disabilities.

Each resident suite is individually climate controlled with a thermostat and large ceiling fan. The heating unit and on demand water heaters are in a private, enclosed heat plant that is accessed through an outside door to the home. The room cannot be accessed through the home. The room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The home is equipped with an inter-connected, hardwired smoke detection system with battery back-up, and has a sprinkler system for fires. Both were installed by a licensed electrician and are in working order. The home uses city water and a septic system. The

local health department inspected and approved the septic system for the home. The home is wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'1" x 16'1"	227	1
2	14'1" x 15'11"	224	1
3	14'1" x 16'	225	1
4	14'1" x 16'1"	227	1
5	14'1" x 15'9"	222	1
6	15'11" x 15'2"	241	1

Total Capacity: 6

The living, dining, and family room areas measure a total of 1225 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 and/or female adults 18 years old or older whose diagnosis is developmentally disabled, in the least restrictive environment possible. The applicant has submitted an application to be specially certified for the developmentally disabled population. 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.

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.

The licensee will provide transportation for program and medical needs as specified in each resident's Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including shopping centers, community markets, community activities, and local parks. Residents will have opportunities to take care of animals and learn farming skills on the Benjamin's Hope campus. Benjamin's Hope also provides day programs for their residents that teach daily living skills and offers an opportunity for social interaction.

C. Applicant and Administrator Qualifications

The applicant is Benjamin's Hope, Inc., which is a "Not for Profit Corporation", established in Michigan on 10/20/2005. The applicant submitted a financial statement and established an annual budget that projects expenses and income, which demonstrates the financial capability of successfully operating this adult foster care home.

The Board of Directors of Benjamin's Hope, Inc. has submitted documentation appointing Krista Mason as the Licensee Designee and Administrator for this facility.

Licensing record clearances request were completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and administrator submitted a medical clearance request with statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

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), Cogent, 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 the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training 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 file

in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledges their responsibility to utilize the required written assessment, resident care agreement, and health care appraisal forms, and to obtain signatures on these forms, prior to, or at the time of each resident's admission to the home, as well as updating and completing these forms and obtaining new signatures on them on an annual basis.

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 that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month; and all of the resident's personal money transactions that have been agreed to be managed by the applicant, including the keeping of receipts for items, services, etc. purchased by or on behalf of the resident.

The applicant acknowledges their responsibility to obtain all 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 the documents contained within each resident's file.

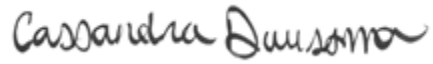
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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).



06/03/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



06/04/2025

Jerry Hendrick
Area Manager

Date