



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

Ismael Ahmed
DIRECTOR

September 19, 2007

Charles Schipper
Harbor House Ministries
919 44th Street
Jenison, MI 49428

RE: Application #: AM700285825
Anchor Place
979 44th Street
Jenison, MI 49428

Dear Mr. Schipper:

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 12 is issued.

Please review the enclosed documentation for accuracy and feel free to 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) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
(616) 356-0111

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM700285825
Applicant Name:	Harbor House Ministries
Applicant Address:	919 44th Street Jenison, MI 49428
Applicant Telephone #:	(616) 797-9920
Administrator/Licensee Designee:	Charles Schipper, Designee
Name of Facility:	Anchor Place
Facility Address:	979 44th Street Jenison, MI 49428
Facility Telephone #:	(616) 797-0810
Application Date:	08/31/2006
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/31/2006	Enrollment
09/12/2006	Inspection Report Requested - Health 1011193
09/12/2006	Inspection Report Requested - Fire
09/12/2006	Comment Rec'd application for Specialized Certification.
09/12/2006	File Transferred To Field Office Grand Rapids
09/14/2006	Application Incomplete Letter Sent
10/02/2006	Contact - Document Received
10/26/2006	Application Incomplete Letter Sent
02/06/2007	Contact - Telephone call made Left message for the administrator.
02/16/2007	Contact - Telephone call received Message from the administrator.
07/17/2007	Inspection Completed-Fire Safety: D rating
09/05/2007	Inspection Completed-Environmental. Health: A
09/06/2007	Inspection Completed On-site
09/07/2007	Application Incomplete Letter Sent
09/19/2007	Inspection Completed-Fire Safety: A rating

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This new construction facility is a one-story building with brick and vinyl siding located in Georgetown Township. It is part of an AFC campus and there are two existing AFC group homes on that campus.

The main floor consists of a kitchen, two dining rooms/living rooms, and twelve resident approved bedrooms. The living rooms include televisions and sitting areas. There are bathrooms in every resident bedroom. The applicant intends to place one resident in

each bedroom. There is no second floor or basement. The boiler and hot water heaters are enclosed in heat plant rooms. Each resident bedroom has an air conditioner. The facility is sprinkled and equipped with an interconnected, hardwire smoke alarm system, with battery back up and is fully operational. The facility is wheelchair accessible and the licensee intends to admit wheelchair dependent residents.

Bedrooms were measured and have the following dimensions:

Main Floor:

Resident rooms #1 through #10 are 14' 11" x 17' 11" = 267.36 square feet for one resident occupancy.

Resident rooms #11 and 12 are 17' 6" x 16" = 280 square feet for one resident occupancy.

The living/dining room areas measure a total of 1,645 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility to not exceed the capacity of the license.

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 12 men and/or women who have a developmental disability and/or a physical handicap. The facility is wheelchair accessible so individuals who are in wheelchairs may be admitted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/ responsible person prioritize at admission. Resident referrals will be made primarily from West Michigan Community Mental Health agencies. The applicant has applied for special certification status to provide a specialized program.

If identified as a need in the written assessment and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in.

C. Applicant and Administrator Qualifications

The applicant is Harbor House Ministries, which is a domestic non-profit corporation. The corporation was formed in Michigan on 07/19/2000. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Harbor House Ministries has submitted documentation appointing Charles Schipper as the Licensee Designee and Jean MacDonald as the Administrator.

A licensing record clearance request was completed with no specified LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee and the 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 12-bed facility is adequate and includes a minimum of 3 staff to 12 residents while residents are awake and 2 staff to 12 residents during sleeping hours. Awake staff will be on duty at all times.

The licensee designee 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges his

responsibility to maintain a current employee record on file in the home for the licensee designee/administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is his intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee acknowledges his 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.

D. Rule/Statutory Violations

There were no licensing act or administrative rules violations at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 12).



09/19/2007

Leon M. Hale
Licensing Consultant

Date

Approved By:



09/19/2007

Christopher J. Hibbler
Area Manager

Date