



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 22, 2013

Krista Mason
Benjamin's Hope
895 Ottawa Beach Road
Holland, MI 49424

RE: Application #:	AS700337152 Benjamin's Hope - Home 2 3001 Grace Circle Holland, MI 49424
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Dear Mrs. 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 4 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,

Elizabeth Elliott, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS700337152
Applicant Name:	Benjamin's Hope
Applicant Address:	15468 Riley Street Holland, MI 49424
Applicant Telephone #:	(616) 786-9009
Licensee Designee:	Krista Mason
Administrator	Jack Sytsema
Name of Facility:	Benjamin's Hope - Home 2
Facility Address:	3001 Grace Circle Holland, MI 49424
Facility Telephone #:	(616) 786-9009
Application Date:	10/15/2012
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/15/2012	Enrollment
10/18/2012	Inspection Report Requested - Health 1020832
10/18/2012	Contact - Document Sent Rule & ACT Books
10/18/2012	Application Incomplete Letter Sent Fingerprint for Krista Mason
11/02/2012	Contact - Document Received Fingerprint for Krista Mason
11/07/2012	Application Complete/On-site Needed
11/07/2012	File Transferred To Field Office Grand Rapids
11/09/2012	Comment app rec'd in GR / file forwarded to LE
11/20/2012	Application Incomplete Letter Sent
12/19/2012	Inspection Completed On-site
12/19/2012	Inspection Completed-BCAL Sub. Compliance
04/01/2013	Inspection Completed On-site
04/01/2013	Inspection Completed-BCAL Full Compliance
04/19/2013	Recommend License Issuance

I. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Benjamin's Hope is a Farm style ranch home located in rural Holland. This facility is one level and has four individual apartment style resident rooms. Upon entering the facility there is a large open living and dining room with a full kitchen. Off the entry way there is a coat room and beyond the coat room is the laundry room and half bath. Off the kitchen area is a large pantry/storage room that houses another refrigerator and locked medication cabinets. Beyond the dining area, there is a staff office area, four resident bedrooms and sensory room. Two resident bedrooms are located on the North end of

the building and two are located on the South end of the building with the sensory room in between. Each resident room has its own bathroom. This facility is wheelchair accessible and has 2 approved means of egress that exit directly outside. This facility does not have a ramp because it is at grade level. This facility utilizes public water and a private sewer system.

The facility does not have an actual furnace unit but it has an energy recovery unit that is electric and the hot water heater is gas. Both are located in the mechanical room on the main level of the facility. The mechanical room is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is sprinkled and equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12x12.5	150	2
2	12x12.5	150	2
3	12x12.5	150	2
4	12x12.5	150	2

The living, dining, and sitting room areas measure a total of 1112.5 square feet of living space (common area plus sitting areas in bedrooms). This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. Although there is enough bedroom and living space to accommodate six (6) residents, The Department is complying with the applicants request to license this facility at a maximum of **four (4)** residents. Should the applicant decide to change the capacity in the future, the Department would likely comply with the request. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 **four (4)** female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents

from Ottawa County-DHS, Ottawa County CMH, or private pay individuals as a referral source.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Benjamin's Hope, Inc., which is a "Non Profit Corporation", was established in Michigan, on 10/20/2005. 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 Benjamin's Hope, Inc. has submitted documentation appointing Krista Mason as Licensee Designee for this facility and Jack Sytsema as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (**or** licensee designee) and the administrator. The applicant (**or** licensee designee) and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The (**applicant or** 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 4 bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift. The applicant acknowledges that the staff 1 to 4 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff 1 to 4 resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

II. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).



04/22/2013

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



04/22/2013

Jerry Hendrick
Area Manager

Date