



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 10, 2018

Audra Harmon  
CSM Serenity, LLC  
STE 7  
6157 28th St SE  
Grand Rapids, MI 49546

RE: Application #: AL030393312  
Serenity Homes West  
1714 West 32nd St  
Holland, MI 49423

Dear Ms. Harmon:

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 19 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**

**License Application #:** AL030393312

**Licensee Name:** CSM Serenity, LLC

**Licensee Address:** STE 7  
6157 28th St SE  
Grand Rapids, MI 49546

**Licensee Telephone #:** (317) 698-1174

**Administrator:** Audra Harmon

**Licensee Designee:** Audra Harmon

**Name of Facility:** Serenity Homes West

**Facility Address:** 1714 West 32nd St  
Holland, MI 49423

**Facility Telephone #:** (616) 298-7984

**Application Date:** 03/27/2018

**Capacity:** 19

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

03/27/2018	On-Line Enrollment
03/29/2018	Contact - Document Sent Rule & Act booklets
04/03/2018	Inspection Completed-Fire Safety: A
04/05/2018	Contact - Document Received App; rec cl's for Audra, Jennifer, & Joseph
04/09/2018	Contact - Document Sent Fire Safety String
04/09/2018	Inspection Report Requested - Health Inv. #1028181
04/13/2018	Application Incomplete Letter Sent
04/26/2018	Inspection Completed-Env. Health: A
05/09/2018	Application Complete/On-site Needed
05/10/2018	Inspection Completed On-site
05/10/2018	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Serenity Homes West is located at 1710 West 32nd Street, Holland, (Ottawa County), Michigan, in a residential area, and is owned and operated by CSM Serenity, LLC. This home was previously licensed as a large group home (AL030314763) on 10/29/2012 by the previous company and was in continuous operation until the time of this new license.

Serenity Homes West is a large two-story home that is next to Serenity Homes East (AL030393311), which is also a large adult foster care home), and which is also owned and operated by CSM Serenity, LLC. There is a two and a half car garage between the two houses. The houses also share a circular drive that has several spaces for parking.

There are 9 resident bedrooms on the main floor and 1 on the second floor. The upper level also contains an apartment for live-in staff and office area. Each resident bedroom contains a ½ bath, consisting of toilet and sink; a full bathing facility is located near the bedrooms. Another full bathroom is located in the south hallway for the occupants of this area. The staff area on the upper level is a fully functional apartment with all

amenities separate from the resident areas. The kitchen, dining room and living room are located in the central area of the facility's main floor. The facility is not wheelchair accessible. The facility has public water, but a private septic system. The Allegan County Environmental Health Department completed an inspection of the facility on 04/26/2018 and gave the facility an A rating. An A rating indicates substantial compliance with the applicable rules.

**RESIDENT BEDROOM MEASUREMENTS:**

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" x 13'2" + 2'9" x 4'	168	2
2	13'9" x 13" + 9" x 4"	167	2
3	13'9" x 12'9"	175	2
4	13'8" x 12'2"	168	2
5	11'7" x 13'10"	160	2
6	13'9" x 11'6"	158	2
7	13'9" x 11'6"	158	2
8	13'9" x 11'6"	158	2
9	13'4" x 13'10" + 2'6" x 4'	174	2
10	10'7" x 10'4"	118	1

**Total Capacity: 19**

The living room and dining areas combine for a total 956 square feet. This comes to 50 square feet of living space per resident, exceeding the requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a tight-fitting lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good, and the building and landscaping are in good condition.

Each of the two main exit doors have non-locking against egress hardware. The gas furnace and hot water heater are contained within a fire rated enclosure that has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The Bureau of Fire Safety completed an inspection on the facility on 04/03/2018 and gave full approval, and the Licensing Consultant tested the smoke alarm during the final onsite inspection on 05/10/2018 and it worked correctly. The smoke alarm is fitted with flashing lights for residents who may be deaf or hard of hearing. There is a fire extinguisher on each floor, including the basement, and evacuation routes posted near the resident bedrooms.

Based on the above information, it is concluded that this facility can accommodate 19 residents. 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 19 male or female ambulatory adults, preferably aged 30 and older, whose program type includes developmentally disabled, mentally ill, aged, and/or physically handicapped injured in the least restrictive environment possible. However, as mentioned above, the home is not wheelchair accessible. 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, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will not provide all transportation to residents at this time. 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.

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 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 members of CSM Serenity L.L.C. have submitted documentation appointing Audra Harmon as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no LEIN convictions recorded Ms. Harmon. Ms. Harmon submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Harmon has 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 19-bed facility is adequate and includes a minimum of 2 staff to 19 residents for first and second shift, and 1 staff to 19 residents for third shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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 to 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. As the licensee and administrator for an existing AFC large group home, Ms. Harmon indicated an understanding of the rules related to direct care staff.

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 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 residents' 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.

#### **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 six-month temporary license to this adult foster care (large) group home (capacity 19).



May 10, 2018

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



May 10, 2018

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Jerry Hendrick  
Area Manager

Date