



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 8, 2019

Brandon Folkert  
Georgetown Harmony Homes  
P.O. Box 845  
Jenison, MI 49429-0845

RE: Application #:	AS700398607 Georgetown Harmony Homes III 6932 High Meadow Drive Hudsonville, MI 49426
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Dear Mr. Folkert:

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. If 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 Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700398607
<b>Applicant Name:</b>	Georgetown Harmony Homes
<b>Applicant Address:</b>	7253 Sagerose Hudsonville, MI 49426
<b>Applicant Telephone #:</b>	(616) 401-6278
<b>Administrator/Licensee Designee:</b>	Art Opperwall, Administrator Brandon Folkert, Licensee Designee
<b>Name of Facility:</b>	Georgetown Harmony Homes III
<b>Facility Address:</b>	6932 High Meadow Drive Hudsonville, MI 49426
<b>Facility Telephone #:</b>	616-379-5264
<b>Application Date:</b>	03/06/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

03/06/2019	Enrollment
03/06/2019	Contact - Document Sent ACT book
03/06/2019	File Transferred To Field Office Grand Rapids
03/15/2019	Application Incomplete Letter Sent
04/23/2019	Contact - Document Received Facility documents received.
04/29/2019	Contact - Document Sent Email correspondence with Licensee Designee, B. Folkert.
04/30/2019	Contact - Document Received Inspection date set with LD, B. Folkert.
05/02/2019	Contact - Document Received Facility documents received sent by LD, B. Folkert.
05/08/2019	Inspection Completed On-site
05/08/2019	Inspection Completed-BCAL Full Compliance
05/08/2019	Recommend License Issuance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Georgetown Harmony Home III is a sprawling, newly built, ranch style home in a neighborhood of similarly constructed homes. GHH III is located in Georgetown Township which is part of the Hudsonville area. This neighborhood is in a rural setting but a short driving distance to restaurants and stores. As you walk into the home, you enter into a large living area, beyond the living area is a large kitchen and dining room. Next to the kitchen on the South end of the home, there is a staff apartment and an office that will also act as a medication room. The door that leads out to the garage is also located in this area. Next to the dining space, on the North end of the home, there is a long hallway and off the hallway are three (3) main floor resident rooms, a staff room and a home managers apartment. The resident rooms all have their own private ½ bath, there is a full bathroom attached to the staff bedroom but also available by hallway entry for staff, resident or visitor use. In addition, there is a (one) resident shower room on the main floor. As you enter the front door, there are steps leading down to the lower

level of the home and on the lower level of the home there are three (3) more resident bedrooms all with attached ½ baths. Again, there is a designated shower room for the 3 residents with rooms on the lower level. This home is wheelchair accessible from the main level of the home but not the lower level. This home has 2 approved means of egress (equipped with non-locking against egress hardware) for wheelchair use on the main level and those exits are located at the front entrance of the home and through the garage. The garage side door is equipped with non-locking against egress hardware. This home is not equipped with ramps from the first floor because the exits terminate onto level ground.

The gas furnace and gas hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs and the heat plant room is located in the lower level in a room 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 equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This home utilizes public water and sewage.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10.83X12.75	138.08	1
#2	10.75X12.66	136.09	1
#3	10.75X12.66	136.09	1
#4	10.33X13.33	137.69	1
#5	10.66X11	117.26	1
#6	12.66X11.50	145.59	1

The living, dining, and sitting room areas measure a total of 526 square feet of living space on the main level and 555 square feet of living space in the lower level. 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** 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 **six** male or 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 or surrounding counties, DHHS, 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 Georgetown Harmony Homes, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 07/30/2001. 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 Georgetown Harmony Homes, L.L.C. have submitted documentation appointing Brandon Folkert as Licensee Designee for this facility and Arthur Opperwall as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The 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 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 6-bed facility is adequate and includes a minimum of 1 staff-to-6 residents per 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 has indicated that direct care staff will not 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-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.

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)) 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.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license for this AFC adult foster care small group home (capacity 6).



05/08/2019

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Elizabeth Elliott Date  
Licensing Consultant

Approved By:



05/08/2019

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Jerry Hendrick Date  
Area Manager