



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

August 7, 2019

Dorthie Bolden  
71871 10th Avenue  
South Haven, MI 49090

RE: Application #: AS030399514  
Diamond Pointe AFC  
7027 Baseline Road  
South Haven, MI 49090

Dear Ms. Bolden:

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) 356-0183.

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**

<b>License #:</b>	AS030399514
<b>Applicant Name:</b>	Dorthie Bolden
<b>Applicant Address:</b>	71871 10th Avenue South Haven, MI 49090
<b>Applicant Telephone #:</b>	(269) 214-2142
<b>Administrator:</b>	Dorthie Bolden
<b>Licensee Designee:</b>	Dorthie Bolden
<b>Name of Facility:</b>	Diamond Pointe AFC
<b>Facility Address:</b>	7027 Baseline Road South Haven, MI 49090
<b>Facility Telephone #:</b>	(269) 214-2142
<b>Application Date:</b>	04/26/2019
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/26/2019	Enrollment
04/29/2019	Contact - Document Received Med cl & TB for Dorthie
04/30/2019	Contact - Document Sent E-mail about fee, facility address, applicant name & signature on last page
05/01/2019	Application Incomplete Letter Sent App - Boxes 22 & 57; fee \$40; 1326 & FPs for Dorthie; AFC 100 for Admin
05/22/2019	Contact - Document Received Add'l \$40; Ck #25733410738
05/23/2019	Contact - Document Received App - Corrected; cl's for Dorthie (LD & Admin)
05/23/2019	Inspection Report Requested - Health Inv. #1029432
05/23/2019	File Transferred To Field Office GR
05/31/2019	Application Incomplete Letter Sent
08/05/2019	Application Complete/On-site Needed
08/07/2019	Inspection Completed On-site
08/07/2019	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Diamond Pointe AFC is located at 7027 Baseline Road, South Haven, (Ottawa County), Michigan, and is owned and operated by Dorthie Bolden under Bolden LLC. Ms. Bolden has submitted proof of ownership of this home.

Diamond Pointe AFC is a ranch style dwelling that has four bedrooms, an office, laundry room, kitchen, recreation room, one full- and one half-bathrooms, dining/living room, utility room, and a large foyer. The home is not wheelchair accessible. This home utilizes private water and sewage services. The home and property were inspected by the Allegan County Health Department on 06/06/2019 and was given an "A" rating ("This facility has been determined to be in substantial compliance with applicable rules.")

There are handrails where required.

The hot water heater and furnace are located in a utility closet that is equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 08/07/2019 and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'10" X 14'10"	188	2
1	11'7" X 10'7"	122.5	1
3	11'6" X 10'2"	116	1

**Total Capacity: 4**

The living and dining room areas measure a total of 477 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

## **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** male adults aged 18 years to 60, who may be diagnosed as Mentally Ill and/or Developmentally Disabled. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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.

Diamond Pointe AFC will provide transportation to residents. Costs for this additional service will be included on Resident Care Agreements. Emergency transportation needs will be fulfilled through ambulance services.

## **C. Applicant and Administrator Qualifications**

Dorthie Bolden is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for her were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Bolden has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Bolden has stated in writing that the Responsible Person for this home will be Donald Simpson.

The staffing pattern for the original license of this five-bed facility is 1-staff-to-4 residents for each shift. In addition, there will be one staff member to take residents to their scheduled appointments while 1 staff member will remain at the home as long as there is at least 1 resident there. There will be 1 staff member on outings in which up to 3 residents participate, and 2 staff when 4 or 5 residents go on outings.

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](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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant 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 applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 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 applicant acknowledges their 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.

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.

**VI. RECOMMENDATION**

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



August 7, 2019

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



August 7, 2019

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Jerry Hendrick  
Area Manager

Date