



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2019

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

| | |
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| RE: License #: | AS700266623 Georgetown Harmony Homes 8393 Tenth Avenue Jenison, MI 49428-9232 |
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Dear Mr. Folkert:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You submitted an acceptable Statement of Correction.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may 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

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

I. IDENTIFYING INFORMATION

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|------------------------------------|---|
| License #: | AS700266623 |
| Licensee Name: | Georgetown Harmony Homes |
| Licensee Address: | 7253 Sagerose Hudsonville, MI 49426 |
| Licensee Telephone #: | (616) 401-6278 |
| Licensee/Licensee Designee: | Brandon Folkert, Designee |
| Administrator: | Art Opperwall, Administrator |
| Name of Facility: | Georgetown Harmony Homes |
| Facility Address: | 8393 Tenth Avenue Jenison, MI 49428-9232 |
| Facility Telephone #: | (616) 457-4654 |
| Original Issuance Date: | 04/12/2005 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED |
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| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed 2 Role: LD and Admin.

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
At the time of the inspection, a resident meal was not being prepared or served.
An inspection of the food at the facility and the prep area was conducted.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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| R 400.14318 | Emergency preparedness; evacuation plan; emergency transportation. |
| | (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review. |
| <p>Findings: Fire drills for 2018 & 2019 did not have evening or sleeping hour drills conducted. All of the drills were conducted during daytime hours.</p> <p>4 fire drills, one for the second quarter, one for the third quarter and two for the fourth quarter in 2018 were not conducted.</p> <p>2 fire drills, one for the first quarter and one for the third quarter in 2019 were not conducted.</p> <p>Licensee Designee response: Mr. Folkert submitted an acceptable corrective action plan documenting that the fire drills will be conducted per the rule starting immediately.</p> | |

A corrective action plan was requested and approved on 10/07/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (capacity 6).



10/07/2019

Elizabeth Elliott
Licensing Consultant

Date

