



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

January 8, 2020

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

RE: Application #:	AS700401930 Georgetown Harmony Homes IV 6951 High Meadow Dr. 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

License #:	AS700401930
Applicant Name:	Georgetown Harmony Homes
Applicant Address:	7253 Sagerose Hudsonville, MI 49426
Applicant Telephone #:	(616) 401-6278
Administrator/Licensee Designee:	Brandon Folkert, Designee
Name of Facility:	Georgetown Harmony Homes IV
Facility Address:	6951 High Meadow Dr. Hudsonville, MI 49426
Facility Telephone #:	(616) 379-5711
Application Date:	10/03/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/03/2019	Enrollment
10/03/2019	File Transferred to Field Office Grand Rapids
10/10/2019	Contact-Document Sent Incomplete Application-Group Home Letter
12/19/2019	Application Complete/On-site Needed
12/19/2019	Inspection Completed On-site
12/19/2019	Inspection Completed-BCAL Full Compliance
01/07/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Georgetown Harmony Homes IV is a sprawling, newly built, ranch style home in a neighborhood of similarly constructed homes. GHH IV 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. Georgetown Harmony Home III is located across the street from this home. As you enter into the home, you walk into a large living room. Beyond the living area is a large kitchen and dining area. Next to the dining area on the main floor, South end of the home, there is a hallway with three resident rooms. All of the resident rooms have their own private ½ bath. There is a full bathroom at the end of the hallway, a resident shower room and a staff bedroom with a full bathroom. On the North end of the home, there is an office that will also act as a medication room. The door that leads to the garage is located on this side of the house as well as the home managers apartment. As you enter the front door, there are steps leading down to the lower level where there is a large living room and three more resident rooms all with their own private ½ bathrooms. There is a shower room for the 3 residents with rooms on the lower level. This home has 2 approved means of egress (equipped with non-locking against egress hardware) from the lower level with a door leading up the stairs and one leading directly outside to the back of the house. On the main level there is 2 approved means of egress, one exit is out the front door and the other is through the garage. The garage side door is equipped with non-locking against egress hardware. This home can accommodate residents requiring the use of a wheelchair. The home is not equipped with ramps from the first floor because the exits terminate onto level ground. Residents requiring the use of a wheelchair must have rooms on the main level of the home.

The gas furnace and gas water heater are located in the basement with a 1-3/4inch solid core door equipped with an automatic self-closing device and positive latching hardware. The heat plant room is also located in the lower level of the home 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 operations. This home utilizes public water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.75X12.50	134	1
2	10.75X12.50	134	1
3	10.42X15.0	156	1
4	10.66X12.50	133	1
5	10.50X12.75	134	1
6	10.66X12.50	133	1

The living, dining, and sitting room areas measure a total of 1,064 square feet of living space. 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** (6) 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 County-DHS, Ottawa County CMH, or surrounding areas 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 Art Oppenwall 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) 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 six-month temporary license to this adult foster care small group home (capacity 6).



01/08/2020

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



01/08/2020

Jerry Hendrick
Area Manager

Date