



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 7, 2020

Michael Dykstra
Golden Life AFC, LLC
4386 14 Mile Rd, NE
Rockford, MI 49341

RE: Application #: AL410393675
Golden Life AFC # 4
10860 Northland Dr.
Rockford, MI 49341

Dear Mr. Dykstra:

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 18 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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410393675

Applicant Name: Golden Life AFC, LLC

Applicant Address: 4386 14 Mile Rd, NE
Rockford, MI 49341

Applicant Telephone #: (616) 307-7719

Administrator/Licensee Designee: Michael Dykstra, Designee

Name of Facility: Golden Life AFC # 4

Facility Address: 10860 Northland Dr.
Rockford, MI 49341

Facility Telephone #: (616) 307-7719

Application Date: 04/10/2018

Capacity: 18

Program Type: PHYSICALLY HANDICAPPED,
DEVELOPMENTALLY DISABLED,
MENTALLY ILL, AGED, ALZEHIMERS

II. METHODOLOGY

04/10/2018	Enrollment
04/19/2018	Inspection Report Requested - Health 1028209
04/19/2018	Inspection Report Requested - Fire
04/19/2018	File Transferred to Field Office Grand Rapids
05/07/2018	Application Incomplete Letter Sent
05/30/2018	Inspection Report Requested - Fire
10/09/2018	Contact - Document Received Requested name change of facility to Golden Life AFC # 4.
10/10/2018	Contact - Document Received Wants change to Aged, Dementia and Alzheimer's.
11/04/2020	Contact - Document Received Mr. Dykstra sent me the Kent County Environmental Report dates of inspection of 10/27/2020 and 11/04/2020 with an "A" rating.
11/23/2020	Inspection completed.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Golden Life # 4 is located in Rockford Michigan in Kent County a few miles from the City of Rockford. The construction is a stick framed ranch style home with a large back, front, and side yards. The home has a basement and a main floor. The home has a large front porch with the entrance to the home. There is large entry way with a large living room and a fire wall (smoke partition wall) between the living room and the dining room and the kitchen. The laundry room is on the main floor, with a place for a locked medication cart and pantry. There are two full baths that are handicap accessible and a bathroom with a walk-in shower. All nine resident bedrooms are double occupancy and are located on the main floor. Three bedrooms are on the north side of the home, one on the north east side (facing the back yard) and five bedrooms are on the south side of the home with three steps to reach the five bedrooms. The home is wheelchair accessible, on the north side of the home, and has 2 approved means of egress and equipped with a ramp off the front of the home and a direct exit off the dining room from the back of the home. Both exits are from

the first floor. There are two other direct exits off the main floor. One is in the middle of the home and second one is at the end of the five resident bedrooms on the south side of the home. The home had its own private water and septic system that was totally replaced in 2018 and this has been inspected and approved with an “A” rating by the Kent County Health Department, by Jason Buck, Sanitarian on 10/27/2020 and on 11/04/2020.

The home has boiler and gas hot water heater that 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 top of the stairs. 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 and is new. The facility is equipped with an approved pull station alarm system and a sprinkled, system installed throughout the home. The home has fire extinguishers on each floor. The Plan Review Board required the home, to have a generator that starts in 12 to 13 seconds and it is located in its own room on the north east side behind the home. They also required a stairway directly from the basement to the back yard. I received and reviewed the Inspection Report by the Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Fire Marshal Division. This document indicated it was the Final Inspection. A fire safety review was completed on 10/21/2020. The facility was found to be in compliance with the applicable rules. Fire Safety Certification Approved, by Inspecting official, Brain Sherman.

This facility has been previously licensed.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	13' x 12' 9"	152.75	2
#2	12' x 11"x 13'	167.96	2
#3	14' 10"x 22'	326.26	2
#4	18' 10" x 9'9"	183.59	2
#5	16' 5" x 12' 11"	212.1464	2
#6	11' 5" x 13' 3"	151.315	2
#7	11' 5" x 13' 10"	157.9386	2
#8	10' 7" x 13' 6"	151.315	2
#9	10' 19" x 13' 4"	142.83	2

The living, dining, and sitting room areas measure a total of 949.89 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 18 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 eighteen male or female ambulatory or non-ambulatory adults whose diagnosis, developmentally disabled, mentally ill, physically handicapped and Alzheimer's and aged 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 Montcalm Care Network, network 180, Area Agency on Aging of West Michigan (AAA), and Reliance, Mi-Choice Waiver Programs, and private pay individuals.

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.

Golden Life will use public transportation and they will work with guardians and resident's case managers to make sure transportation for all appointments are kept up. In the Resident Care Agreement, they will provide information on the cost of transportation if they have to transport a resident. 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 Golden Life AFC, LLC., which is a "For Profit Corporation," (Domestic Limited Liability Company) was established in Michigan, on 01/12/2018. 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.

Golden Life, L.L.C. is a single owned entity, owned by Dominique Groenveld. Mr. Groenveld has submitted documentation appointing Mr. Michael Dykstra as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request with a criminal background check was completed with no LEIN convictions recorded for Mr. Michael Dykstra as the licensee designee/administrator. The Mr. Michael Dykstra as the appointed licensee designee/administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The Mr. Michael Dykstra as the licensee designee/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 18-bed facility is adequate and includes a minimum of 2 staff -to-18 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 awake during sleeping hours.

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.

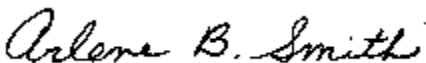
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant is 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 with a capacity of 18 residents.



12/07/2020

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

12/07/2020

Jerry Hendrick
Area Manager

Date