



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 14, 2021

Scott Wondergem  
Harbor House Ministries  
919 44th Street  
Jenison, MI 49428

RE: License #: AM700257038  
**Harbor House Pier Place**  
**919 Forty-fourth Street**  
**Jenison, MI 49428-9193**

Dear Mr. Wondergem:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM700257038
<b>Licensee Name:</b>	Harbor House Ministries
<b>Licensee Address:</b>	919 44th Street Jenison, MI 49428
<b>Licensee Telephone #:</b>	(616) 797-9919
<b>Licensee/Licensee Designee:</b>	Scott Wondergem, Designee
<b>Administrator:</b>	Peggy Driesenga
<b>Name of Facility:</b>	Harbor House Pier Place
<b>Facility Address:</b>	919 Forty-fourth Street Jenison, MI 49428-9193
<b>Facility Telephone #:</b>	(616) 797-9920
<b>Original Issuance Date:</b>	07/02/2004
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/08/2021

Date of Bureau of Fire Services Inspection if applicable: 08/10/2021

Date of Environmental/Health Inspection if applicable: 07/08/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 6  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

Exit Conference completed onsite with Administrator Peggy Driesenga.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certificate to this AFC adult medium group home (capacity 1-12).



07/14/2021

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Toya Zylstra  
Licensing Consultant

Date