



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 15, 2021

Sara Heethuis  
Holland Home  
Suite 300  
2100 Raybrook Ave. SE  
Grand Rapids, MI 49546

RE: Application #: AL410403561  
Holland Home Breton Extended Care SOUTH 2  
2505 44th St.  
Kentwood, MI 49512

Dear Ms. Heethuis:

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 20 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 #:** AL410403561

**Applicant Name:** Holland Home

**Applicant Address:** Suite 300  
2100 Raybrook Ave. SE  
Grand Rapids, MI 49546

**Applicant Telephone #:** (616) 235-5000

**Administrator/Licensee Designee:** Sara Heethuis Designee  
Jillian England, Administrator

**Name of Facility:** Holland Home Breton Extended Care SOUTH  
2

**Facility Address:** 2505 44th St.  
Kentwood, MI 49512

**Facility Telephone #:** (616) 643-2500

**Application Date:** 02/27/2020

**Capacity:** 20

**Program Type:** AGED

## II. METHODOLOGY

02/27/2020	Enrollment
03/03/2020	Inspection Report Requested - Fire
03/03/2020	Contact - Document Sent Fire Safety String
03/03/2020	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for LD and AFC 100 for Administrator
11/18/2020	Contact - Document Sent 10 day letter
12/21/2020	Contact - Document Received AFC 100 for Administrator Jillian England and 1326 for Sara Heethuis.
12/21/2020	Application Incomplete Letter Sent RI 030/Fingerprints for Sara Heethuis.
04/22/2021	Contact - Document Received RI 030/Fingerprints for Sara Heethuis.
04/22/2021	File Transferred To Field Office GR via SharePoint
05/10/2021	Application Incomplete Letter Sent
06/28/2021	Application Complete/On-site Needed
06/28/2021	Inspection Completed On-site
06/28/2021	Contact - Document Received Received: Program Statement, admission and discharge policies, Floor Plans, Org chart, Staffing Ratios, Job Descriptions, Certificate of Occupancy City of Kentwood and a Resident Handbook for Breton Woods of Holland Home.
06/28/2021	Inspection Completed-Env. Health: A
07/06/2021	Inspection Completed-Fire Safety: A
07/12/2021	Contact - Document Received Licensee Designee requested the original name of the facility be changed from Breton Extended Care - S. W. to Holland Home Breton Extended Care SOUTH 2.

07/12/2021	Contact - Document Received Received Email with attached documents: Appointment by the board of Sara Heethuis as Licensee Designee, of Jullian England as Administrator, letter from Sara Heethuis, Licensee Designee appointment of Jullian England to sign Licensing Forms on her behalf, Medical Clearance and negative TB tests results of Ms. Heethuis and Ms. England, Resume of Licensee Designee, Sara Heethuis, R.N., Resume of Jillian England with her BSW, letter with showing the double occupancy rooms in the 20 bed facility, Notice of Commence of Non-Residential Property, Budget, and the last Fire Inspection.
07/12/2021	Inspection Completed-BCAL Full Compliance
07/13/2021	Telephone Call Received From Jillian England.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The newly built, free standing, one floor construction is located in the City or Kentwood on the Holland Breton Woods of Holland Home Campus. The facility has an attached fenced in courtyard. The exit doors contain a code locked system approved by the Fire Marshal. The home is all one level and therefore is wheelchair accessible with two approved means of egress. There is an attached two-stall garage. The home does not contain a basement. The main floor has a large foyer with restroom and an office. There is a full kitchen with a walk-in pantry. Off the kitchen is a large dining area and a living room. There is a large den. The laundry room is located on the main floor, as well as a storage closet. There is a spa room and a nurse's workstation. There a gym room attached. There are 15 resident bedrooms which contain a full bathroom. Five of the resident bedrooms have double occupancy. The home will utilize public water and sewage system.

The boiler and hot water heater are located on the main floor 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, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the entire facility.

This Licensee has two other licensed AFC facilities on the same campus.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
201	14' 8" x 14' 2" plus 6' x 12' 11"	285.2	2
202	"	"	1
203	"	"	1
204	"	"	1
210	"	"	1
211	"	"	2
214	"	"	1
215	"	"	2
208	14' 8" x 13' 11" 6' 0" x 12' 11"	281.6	1
209	"	"	1
206	14' 8" x 15' 6" 6' 0" x 12' 11"	304.8	1
212	"	"	2
213	"	"	1
207	14' 8" x 14' 2" 6' 0" x 12' 11" 8' 0" x 1' 4"	295.8	1
205	14' 8" x 16' 10" 6' x 0" x 12' 11"	324.3	2

The living, dining, and sitting room areas measure a total of 1,249 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 twenty 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 twenty male or female ambulatory and non-ambulatory whose are aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents who are 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. The facility will only be

accepting private pay individuals.

The licensee will assist with 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 Holland Home Inc., which is a “Non-Profit Corporation” was established in Michigan, on 06/13/1941. 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 Board of Directors of Holland Home, Inc. have submitted documentation appointing Sara Heethuis as Licensee Designee for this facility and Jillian England 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 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 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 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](http://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.

**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 temporary license to this AFC adult large group home capacity 20.

*Arlene B. Smith*

07/14/2021

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Arlene B. Smith, MSW,  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

07/15/2021

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Jerry Hendrick  
Area Manager

Date