



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 12, 2021

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

RE: License #:	AS700398607 Georgetown Harmony Homes III 6932 High Meadow Drive Hudsonville, MI 49426
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Dear Mr. Folkert:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

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

License #:	AS700398607
Licensee Name:	Georgetown Harmony Homes
Licensee Address:	7253 Sagerose Hudsonville, MI 49426
Licensee Telephone #:	(616) 226-3473
Licensee/Licensee Designee:	Brandon Folkert, Designee
Administrator:	Art Opperwall
Name of Facility:	Georgetown Harmony Homes III
Facility Address:	6932 High Meadow Drive Hudsonville, MI 49426
Facility Telephone #:	(616) 379-5264
Original Issuance Date:	05/08/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2021

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 0
No. of others interviewed 1 Role: LD-B. Folkert

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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.

This facility was found to be in non-compliance with the following rules:	
R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.
<p>Finding: Workforce Background Check letter verifying eligibility should be included in staff files.</p> <p>Licensee Response: Brandon Folkert stated the WFBC letter will be included in all staff files.</p>	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid.
<p>Finding: Proof of First Aid training for staff should be included in staff file.</p> <p>Licensee Response: Mr. Folkert stated the First Aid training for staff will be included in staff file.</p>	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

	assigned tasks, which shall include being competent in all of the following areas: (c) Cardiopulmonary resuscitation.
Finding: Proof of CPR training for staff should be included in staff file. Licensee Response: Mr. Folkert stated the CPR training for staff will be included in staff file.	
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.
Finding: The first quarter of 2021 (January, February, March) was missing a 2 nd & 3 rd shift fire drill. The second quarter of 2021 (April, May, June) was missing a 2 nd & 3 rd shift fire drill. The third quarter of 2021 (July, August, September) was missing a 2 nd shift fire drill. Licensee Response: Mr. Folkert stated	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
Finding:. Licensee Response: Mr. Folkert stated	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Elizabeth Elliott

11/12/2021

Elizabeth Elliott
Licensing Consultant

Date