



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 16, 2024

Robert Poll
Harbor House Ministries
919 44th Street
Jenison, MI 49428

RE: License #: AL700268722
Harbor House Beacon Place
949 Forty-fourth Street
Jenison, MI 49428-9193

Dear Mr. Poll:

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 are 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

License #:	AL700268722
Licensee Name:	Harbor House Ministries
Licensee Address:	919 44th Street Jenison, MI 49428
Licensee Telephone #:	(616) 797-9920
Licensee/Licensee Designee:	Robert Poll, Designee
Administrator:	Peggy Driesenga
Name of Facility:	Harbor House Beacon Place
Facility Address:	949 Forty-fourth Street Jenison, MI 49428-9193
Facility Telephone #:	(616) 797-9920
Original Issuance Date:	08/18/2005
Capacity:	13
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/13/2024
Date of Bureau of Fire Services Inspection if applicable: 01/26/2024
Date of Environmental/Health Inspection if applicable: 02/13/2024
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
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.
- 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 Variance contained in case file.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. *Exit Conference 02/13/2024 onsite with Administrator, Peggy Driesenga.*

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

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 13-20).



02/16/2024

Toya Zylstra
Licensing Consultant

Date