



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 3, 2024

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

RE: License #: AS700401930  
**Georgetown Harmony Homes IV**  
**6951 High Meadow Dr.**  
**Hudsonville, MI 49426**

Dear Mr. Folkert:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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) 356-0100.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700401930
<b>Licensee Name:</b>	Georgetown Harmony Homes
<b>Licensee Address:</b>	7253 Sagerose Hudsonville, MI 49426
<b>Licensee Telephone #:</b>	(616) 260-1028
<b>Licensee/Licensee Designee:</b>	Brandon Folkert, Designee
<b>Administrator:</b>	Brandon Folkert
<b>Name of Facility:</b>	Georgetown Harmony Homes IV
<b>Facility Address:</b>	6951 High Meadow Dr. Hudsonville, MI 49426
<b>Facility Telephone #:</b>	(616) 226-3473
<b>Original Issuance Date:</b>	01/08/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- 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.  
I was not there at meal time.
- 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 Licensee Designee was at the renewal inspection, and he agreed with my findings.

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

#### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

*Arlene B. Smith*

07/03/2024

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Arlene B. Smith  
Licensing Consultant

Date