



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 10, 2024

Anna-Lee Hendricks  
Harmony Enterprises Inc  
PO Box 118  
Plainwell, MI 49080

RE: License #: AM390015877  
**Harmony Brook**  
**10130 N. Riverview Drive**  
**Plainwell, MI 49080**

Dear Anna-Lee Hendricks:

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 and specialized certification for the developmentally disabled and mentally ill, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly distinguishable.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM390015877
<b>Licensee Name:</b>	Harmony Enterprises Inc
<b>Licensee Address:</b>	P.O. Box 118 10060 Riverview Drive Plainwell, MI 49080
<b>Licensee Telephone #:</b>	(269) 271-7462
<b>Licensee Designee:</b>	Anna-Lee Hendricks
<b>Administrator:</b>	Anna-Lee Hendricks
<b>Name of Facility:</b>	Harmony Brook
<b>Facility Address:</b>	10130 N. Riverview Drive Plainwell, MI 49080
<b>Facility Telephone #:</b>	(269) 343-8255
<b>Original Issuance Date:</b>	05/20/1994
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 09/10/2024

Date of Bureau of Fire Services Inspection if applicable: 05/10/2024

Date of Health Authority Inspection if applicable: 06/17/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed Role:

- 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.  
Onsite inspection did not take place during a meal time; however, an abundance of food was observed.
- 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 found to be in non-compliance with the following rules:

**R 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

**FINDING:** Direct care staff and household member, Kim Rittenhouse, reported her adult son lives in the facility with her; however, her son had no initial medical statement available for review, as required. The licensee designee, Ms. Hendricks, stated she would obtain a medical statement for Ms. Rittenhouse's son this week. She was forwarded the BCAL-3704-AFC via email during the inspection.

**R 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

**FINDING:** Direct care staff and household member, Kim Rittenhouse, reported her adult son lives in the facility with her; however, her son had no verification of a TB available for review, as required. The licensee designee, Ms. Hendricks, stated Ms. Rittenhouse's son would be sent for a TB test this week.

**R 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

**FINDING:** Direct care staff and household member, Kim Rittenhouse, reported her adult son lives in the facility with her and has for many years; however, there was no annual review of his health status, as required. The licensee designee, Ms. Hendricks, stated she would obtain this statement annually, as required.

**R 400.14318**      **Emergency preparedness; evacuation plan; emergency transportation.**

**(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.**

**FINDING:** Direct care staff and household member, Kim Rittenhouse, reported her adult son lives in the facility with her; however, there was no verification or documentation confirming Ms. Rittenhouse's son was familiar with emergency and evacuation procedures, as required. The licensee designee, Ms. Hendricks, stated Ms. Rittenhouse's son would regularly sign the emergency and evacuation procedures when these plans and procedures are reviewed by direct care staff.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the developmentally disabled and mentally ill populations, is recommended.



09/10/2024

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Cathy Cushman  
Licensing Consultant

Date