



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 18, 2024

Denny Harada  
Twin Doves III LLC  
34130 52nd St  
Bangor, MI 49013

RE: Application #: AS800418412  
Twin Doves III LLC  
52101 34th Ave  
Bangor, MI 49013

Dear Mr. Harada:

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 6 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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800418412
<b>Licensee Name:</b>	Twin Doves III LLC
<b>Licensee Address:</b>	52101 34th Ave Bangor, MI 49013
<b>Licensee Telephone #:</b>	(616) 403-6024
<b>Administrator/Licensee Designee:</b>	Denny Harada
<b>Name of Facility:</b>	Twin Doves III LLC
<b>Facility Address:</b>	52101 34th Ave Bangor, MI 49013
<b>Facility Telephone #:</b>	(616) 403-6024
<b>Application Date:</b>	04/19/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/19/2024	On-Line Enrollment
04/23/2024	PSOR on Address Completed
04/23/2024	Contact - Document Sent Requested 1326/RI030 and clarification on licensee name and facility name
04/23/2024	Inspection Report Requested - Health Inv 1034352
05/17/2024	Contact - Document Received email from Denny to use Twin Doves III LLC as Licensee
05/24/2024	File Transferred To Field Office
06/12/2024	Application Incomplete Letter Sent
07/19/2024	Contact - Document Received Zoning Approval, Emergency Procedures, Policies and Procedures, Education and Experience Verification, Organizational Chart, Budget, Staffing Pattern, Program Statement, Medical Clearance, and Lease Agreement.
09/10/2024	Inspection Completed On-site
09/10/2024	Inspection Completed-BCAL Full Compliance
10/04/2024	Contact - Document Received Fire Safety Inspections.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style home with a basement located in rural Bangor, Michigan within Van Buren County. The facility utilizes both private water and sewage. At the time of licensure, the facility received full approval from Van Buren County Environmental Health on 5/6/24, indicating substantial compliance with applicable rules.

The facility has a total of six bedrooms and two full bathrooms. The facility is not wheelchair accessible due to not having two approved means of egress that are equipped with ramps. Consequently, the facility is not able to accept residents who require the regular use a wheelchair. The facility's entrance opens into an open style living room, dining room, and kitchen. All the facility's resident bedrooms and two resident full bathrooms are located to the left from the main entrance. The facility also

has a recreational room, conference room, staff office, and laundry room. The facility has a basement that is used for storage and the residents will not have access to this area.

The propane furnace and electric hot water heater are in the basement with a 1 3/4-inch metal door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The applicant provided documentation that the facility's electrical and heating/cooling systems had been inspected and are in good working order. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

<b>Bedroom #</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Beds</b>
1	12'9" x 7'9"	98.8 sq. ft.	1
2	12'9" x 7'9"	98.8 sq. ft.	1
3	12'9" x 7'9"	98.8 sq. ft.	1
4	14' x 7'9"	108.5 sq.ft.	1
5	14' x 7'9"	108.5 sq.ft.	1
6	14' x 7'9"	108.5 sq.ft.	1

The living, dining, and recreational rooms measure a total of 672 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 six (6) 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Department of Health and Human Services agencies, Community Mental Health organizations, as well as private pay individuals as referral sources.

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 licensee will provide all 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, zoos, trips to the go-cart track, restaurant dining, visiting the beach, county fairs, local parks and weekly bowling trips. The facility also intends to provide free cable TV service and a TV for each resident bedroom.

### **C. Rule/Statutory Violations**

The applicant is Twin Doves II, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 05/08/2019. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Twin Doves II, L.L.C. have submitted documentation appointing Denny-Van Harada as Licensee Designee and Administrator of the facility.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Denny-Van Harada submitted a statement from a physician documenting his good health and current negative TB test results.

The licensee designee and administrator, Denny-Van Harada, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Harada submitted documentation outlining his education and experience with adult foster care. Mr. Harada has completed college courses in computer science and business administration. He has 6.5 years of experience working in another adult foster care facility acting as the facility’s accountant and home manager. As the facility’s accountant, Mr. Harada reviewed time sheets and prepared the facility’s tax documents. As the facility’s home manager, Mr. Harada worked directly with adult foster care residents ensuring their treatment plans, assessment plans and behavior plans were followed, maintained medication compliance for residents, ensured residents files were updated, managed direct care staff and worked with guardians, case managers, and psychiatrists in order to provide residents with the highest quality of care. These residents were individuals diagnosed with chronic mental illness and/or developmental disability.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 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 acknowledged 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 acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received education training and have been determined competent by the licensee designee, 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged their responsibility to obtain the required 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 acknowledged 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged 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 acknowledged 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 acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).



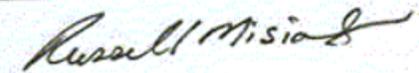
10/18/24

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Kristy Duda  
Licensing Consultant

Date

Approved By:



10/18/24

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Russell B. Misiak  
Area Manager

Date