



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 31, 2025

Krista Mason  
Benjamin's Hope  
15468 Riley Street  
Holland, MI 49424

RE: Application #: AS700419151  
Benjamin's Hope-House 7  
15468 Riley St  
Holland, MI 49424

Dear Krista Mason:

Attached is the Original Licensing Study Report for the above referenced home. 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W., Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700419151
<b>Licensee Name:</b>	Benjamin's Hope
<b>Licensee Address:</b>	15468 Riley Street Holland, MI 49424
<b>Licensee Telephone #:</b>	(616) 399-6293
<b>Licensee Designee:</b>	Krista Mason
<b>Administrator:</b>	Thomas Elenbaas
<b>Name of Home:</b>	Benjamin's Hope-House 7
<b>Home Address:</b>	15468 Riley St Holland, MI 49424
<b>Home Telephone #:</b>	(616) 399-6293
<b>Application Date:</b>	01/20/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/20/2025	On-Line Enrollment
01/21/2025	PSOR on Address Completed
01/21/2025	Inspection Report Requested - Health Inv 1034855
01/21/2025	Contact - Document Sent Forms sent
02/11/2025	Inspection Completed-Env. Health : A
02/20/2025	Contact - Document Received
02/25/2025	File Transferred To Field Office
03/03/2025	Application Incomplete Letter Sent
07/30/2025	Application Complete/On-site Needed
07/30/2025	Inspection Completed- Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Home

Benjamin's Hope – Home 7 is one of eight houses, along with other buildings, on a rural 40- acre campus. It is located at 15468 Riley Street in Holland, Ottawa County, Michigan. The home is a newly constructed, single-story ranch, with high ceilings and an open, spacious layout. The home has a large, open kitchen, dining, and living area. There is a mud room, staff work area, laundry room, and one public full bathroom. There are six large, private resident bedroom suites. Each resident suite has a private full bathroom. The home was specifically designed for the comfort, accessibility, and needs of adults with developmental disabilities.

Each resident suite is individually climate controlled with a thermostat and large ceiling fan. The heating unit and on demand water heaters are in a private, enclosed heat plant that is accessed through an outside door to the home. The room cannot be accessed through the home. The room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The home is equipped with an inter-connected, hardwired smoke detection system with battery back-up, and has a sprinkler system for fires. Both were installed by a licensed electrician and are in working order. The home uses city water and a septic system. The local health department inspected and approved the septic system for the home. The home is wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Resident Beds
1	16'2" x 14'1"	228	1
2	15'11" x 14'1"	224	1
3	16' x 14'1"	225	1
4	16'1" x 14'1"	227	1
5	15'9" x 14'3"	224	1
6	14'3" x 14'3"	203	1

**Total Capacity: 6**

The living and dining room areas measure a total of 1556 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female adults 18 years old or older whose diagnosis is developmentally disabled, in the least restrictive environment possible.

The applicant has submitted an application to be specially certified for the developmentally disabled population. 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.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide transportation for program and medical needs as specified in each resident's Resident Care Agreement. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including shopping centers, community markets, community activities, and local parks. Residents will have opportunities to take care of animals and learn farming skills on the Benjamin's Hope campus. Benjamin's Hope also provides day programs for their residents that teach daily living skills and offers an opportunity for social interaction.

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

The applicant is Benjamin's Hope, Inc., which is a "Not for Profit Corporation", established in Michigan on 10/20/2005. The applicant submitted a financial statement and established an annual budget that projects expenses and income, which

demonstrates the financial capability of successfully operating this adult foster care home.

The Board of Directors of Benjamin's Hope, Inc. has submitted documentation appointing Krista Mason as the Licensee Designee and Thomas Elenbaas as Administrator for this home.

Licensing record clearances request were completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and administrator submitted a medical clearance request with statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed home is adequate and includes a minimum of 1 staff to 6 residents per shift. At least one direct care worker shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the home 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)), Cogent, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, 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 acknowledges 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledges their responsibility to utilize the required written assessment, resident care agreement, and health care appraisal forms, and to obtain signatures on these forms, prior to, or at the time of each resident's admission to the home, as well as updating and completing these forms and obtaining new signatures on them on an annual basis.

The applicant acknowledges 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 acknowledges 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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, including the keeping of receipts for items, services, etc. purchased by or on behalf of the resident.

The applicant acknowledges their responsibility to obtain all the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure

#### IV. RECOMMENDATION

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



07/31/2025

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:



07/31/2025

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Jerry Hendrick  
Area Manager

Date