

JENNIFER M. GRANHOLM
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW

August 17, 2005

Charles Schipper Harbor House Ministries 7683 Cottonwood Drive Jenison, MI 49428

RE: Application #: AL700268722

Harbor House Beacon Place

949 44th Street Jenison, MI 49428

Dear Mr. Schipper:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 13 is issued.

Please review the enclosed documentation for accuracy and feel free to 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,

Leon M. Hale, Licensing Consultant Office of Children and Adult Licensing Unit 13, 7th Floor 350 Ottawa avenue, N.W. Grand Rapids, MI 49503-2337 (616) 356-0111

enclosure

# MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

#### I. IDENTIFYING INFORMATION

**License #**: AL700268722

**Applicant Name:** Harbor House Ministries

**Applicant Address:** 7683 Cottonwood Drive

Jenison, MI 49428

**Applicant Telephone #:** (616) 797-9920

Administrator/Licensee Designee: Charles Schipper, Designee

Name of Facility: Harbor House Beacon Place

Facility Address: 949 44th Street

Jenison, MI 49428

**Facility Telephone #:** (616) 797-9920

07/06/2004

**Application Date:** 

Capacity: 13

Program Type: DEVELOPMENTALLY DISABLED

PHYSICALLY HANDICAPPED

#### II. METHODOLOGY

07/06/2004	Enrollment
07/22/2004	Inspection Report Requested - Fire
02/14/2005	Contact - Telephone call received Board President
02/15/2005	Contact - Document Received Partial Plans
07/21/2005	Inspection Completed-Fire Safety : A
07/25/2005	Inspection Completed On-site
07/25/2005	Inspection Completed-BFS Sub. Compliance
07/25/2005	Application Incomplete Letter Sent
08/01/2005	Corrective Action Plan Received
08/02/2005	Corrective Action Plan Disapproved
08/08/2005	Corrective Action Plan Received No CAP received, entry made to satisfy BITS. Rule compliance was verified with on-site inspection.
08/08/2005	Corrective Action Plan Approved
08/08/2005	Inspection Completed On-site
08/08/2005	Inspection Completed-BFS Full Compliance
08/08/2005	Contact - Telephone call made Conversation with Jean MacDonald.
08/10/2005	Inspection Report Requested - Health
08/11/2005	Inspection completed-Environmental Health : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

This facility is new construction in a residential area of Jenison. Zoning approval was granted by Georgetown Township on 02/24/2003.

The facility has a main area; which contains two dining/activity/living room areas, office/conference areas, an enclosed porch, and a food preparation area.

There are two resident bedroom wings off the main area. Each wing has six resident bedrooms and all bedrooms are at least 270 square feet. Resident bedrooms will be single occupancy. When the Beacon Place application was filed it was for a category of 13-20 AFC residents. Policy in this situation does not allow the Department to issue a license for a capacity of less then 13 residents. Thus, the capacity of the facility will be listed as 13, even though the licensee only intends to admit 12.

There is 2,020 square feet of living space between the two dining/activity/living room areas, more then enough living space for 13 residents. Only AFC residents will live at the facility.

The facility is wheelchair accessible and is on one level. The facility is not on a public bus route but transportation will be provided through the facility van, which has a wheelchair lift.

The Ottawa County Health Department issued approval on 08/11/2005. Fire safety approval was granted on 07/21/2005.

#### **B.** Program Description

Harbor House Ministries will provide services and support based on Christian principles, for severely multiply impaired adults.

Harbor House Ministries was incorporated as a Michigan nonprofit corporation on 07/19/2000. Charles Schipper is the licensee designee and the president of the board of directions. The administrator for the facility is Jean MacDonald.

There will be one staff member for every two residents present, plus one lead staff or LPN, for first and second shifts. Third shift will have two awake employees on duty.

Male and female residents will be accepted. All residents will have physical impairments and a developmental disability.

The licensee plans on applying for special certification status.

The applicant has a process in place for determining the good moral character of employees, and procedures in place to assure compliance with those rules related to the handling and accounting of resident funds.

### C. Rule/Statutory Violations

The facility is in full compliance with AFC licensing rules.

## IV. RECOMMENDATION

I recommend issuance of a tem (capacity 13-20).	porary license to this AFC adult large gr	oup home
Leon M. Hale Licensing Consultant Approved By:	Date	
Jack R. Failla Area Manager	Date	