

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 15, 2022

Emily Gran The Inn at Freedom Village 145 Columbia Avenue Holland, MI 49423

RE: License #: AH700364503

The Inn at Freedom Village 145 Columbia Avenue Holland, MI 49423

Dear Ms. Gran:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month license is renewed until 2/19/2023. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 256-0100.

Sincerely,

Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700364503	
License #.	A11/00304303	
Lisans as Names	0000 0-0-11-11	
Licensee Name:	CCRC OpCo-Holland, LLC	
Licensee Address:	145 Columbia Avenue	
	Holland, MI 49423	
Licensee Telephone #:	(616) 820-7679	
,		
Authorized		
Representative/Administrator:	Emily Gran	
Representative/Administrator.	Limiy Oran	
Name of Facility	The lan et Freedem Villege	
Name of Facility:	The Inn at Freedom Village	
	1450	
Facility Address:	145 Columbia Avenue	
	Holland, MI 49423	
Facility Telephone #:	(616) 820-7679	
Original Issuance Date:	08/29/2014	
Capacity:	62	
oupdoity.	02	
Due arram Tyres	ACED	
Program Type:	AGED	
	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspecti	on(s): No On-site inspection 2/15/	2022	
Date of Bureau of Fire S	Services Inspection if applicable: E	BFS A – 12/16/2021	
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet	
Date of Exit Conference	e: 2/15/2022		
No. of staff interviewed No. of residents intervie No. of others interviewe	wed and/or observed		
Medication pass / s	imulated pass observed? Yes 🗌	No 🗌 If no, explain.	
 Medication(s) and medication records(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. 			
• Fire drills reviewed? Yes No If no, explain.			
Water temperatures checked? Yes No If no, explain.			
 Incident report follow-up? Yes IR date/s: N/A Corrective action plan compliance verified? Yes CAP date/s and rule/s: 			
Number of excluded	employees followed up?	N/A 🗌	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Julio hnano	2/15/2022
Licensing Consultant	Date