



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 27, 2023

Brittney Morse  
Freedom Village Holland Assisted Living  
Ste. 2  
145 Columbia Ave.  
Holland, MI 49423

RE: License #: AH700373745  
Freedom Village Holland Assisted Living  
Ste. 2  
145 Columbia Ave.  
Holland, MI 49423

Dear Ms. Morse:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed until 5/15/2024. It is valid only at your present address and is nontransferable.

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH700373745
<b>Licensee Name:</b>	CCRC OpCo-Holland, LLC
<b>Licensee Address:</b>	145 Columbia Avenue Holland, MI 49423
<b>Licensee Telephone #:</b>	(616) 820-7679
<b>Authorized Representative:</b>	Brittney Morse
<b>Administrator/Licensee Designee:</b>	Emily Gran
<b>Name of Facility:</b>	Freedom Village Holland Assisted Living
<b>Facility Address:</b>	Ste. 2 145 Columbia Ave. Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 820-7600
<b>Original Issuance Date:</b>	09/25/2015
<b>Capacity:</b>	35
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/26/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 3/8/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 4/26/2023

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 12

No. of others interviewed 0 Role

- Medication pass / simulated 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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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: 0 - N/A
- Number of excluded employees followed up? 0 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.

*Julie Miranda*

4/27/2023

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Licensing Consultant

Date