



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 6, 2025

Dawn Noordijk  
Heritage Homes Inc  
Bldg 200, Suite 205  
400 136th Avenue  
Holland, MI 49424

RE: License #: AS700370234  
**Settlers AFC**  
**7 W. 29th Street**  
**Holland, MI 49423**

Dear Dawn Noordijk:

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 will be renewed within 30 days of its expiration so long as the necessary application materials have been received and there are no open investigations at that time. Your license is valid only at your present address and is nontransferable.

Please 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,

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700370234
<b>Licensee Name:</b>	Heritage Homes Inc
<b>Licensee Address:</b>	Bldg 200, Suite 205 400 136th Avenue Holland, MI 49424
<b>Licensee Telephone #:</b>	(616) 395-9311
<b>Licensee Designee:</b>	Dawn Noordijk
<b>Administrator:</b>	Perfenda Root
<b>Name of Facility:</b>	Settlers AFC
<b>Facility Address:</b>	7 W. 29th Street Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 394-4970
<b>Original Issuance Date:</b>	04/15/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/5/25

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administration

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

On 6/5/25, I completed an exit conference with Stacy Engelsman who facilitated the renewal inspection. She did not dispute my findings.

### **IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult small group home (capacity 6).

*Cassandra Duursma*

6/6/25

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Cassandra Duursma  
Licensing Consultant

Date