



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 23, 2024

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 Brittney Morse:

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) y Home for the Aged license has been renewed. Your 12-month license is effective until 7/31/2024. 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 (517) 284-9730.

Sincerely,

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): 4/23/2024; No On-site / Administrative Desk Review

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 3/08/2023  
(outdated as of 3/08/2024)

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role

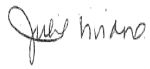
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If 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

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**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

Renewal of the license is recommended.



4/23/2024

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Licensing Consultant

Date