



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 15, 2024

Nora Jacobson
Holland Home
Suite 300
2100 Raybrook Ave. SE
Grand Rapids, MI 49546

RE: License #: AL410374262
Holland Home-Breton Extended Care CENTRE
2589 44th Street S.E.
Grand Rapids, MI 49312

Dear Nora Jacobson:

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. It 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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

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

I. IDENTIFYING INFORMATION

License #:	AL410374262
Licensee Name:	Holland Home
Licensee Address:	Suite 300 2100 Raybrook Ave. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 643-2501
Licensee/Licensee Designee:	Nora Jacobson
Administrator:	Sara Heethuis
Name of Facility:	Holland Home-Breton Extended Care CENTRE
Facility Address:	2589 44th Street S.E. Grand Rapids, MI 49312
Facility Telephone #:	(616) 643-2500
Original Issuance Date:	11/02/2015
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2024

Date of Bureau of Fire Services Inspection if applicable: 09/06/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Licensee Designee

- 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.
Done by Bureau of Fire Services
- Fire safety equipment and practices observed? Yes No If no, explain.
Done by Bureau of Fire Services
- 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.
N/A
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



May 15, 2024

Ian Tschirhart
Licensing Consultant

Date