



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 8, 2025

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:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

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

enclosure

**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>	Steve Lems
<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): 7/7/2025

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 6/6/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 7/7/2025

No. of staff interviewed and/or observed 8

No. of residents interviewed and/or observed 12

No. of others interviewed 0 Role N/A

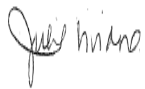
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The home does not hold resident funds in trust.
- 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: 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**

No further recommendations. Facility is in full compliance with all applicable rules and statutes.



7/8/2025

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Date

Licensing Consultant