



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2025

Trevor Bain
Holland Haven LLC
9368 Beech St
Holland, MI 49424

RE: Application #: AL700419631
Holland Haven
12844 Renwood Dr
Holland, MI 49424

Dear Trevor. Bain:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 17 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please 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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700419631
Licensee Name:	Holland Haven LLC
Licensee Address:	9368 Beech St Holland, MI 49424
Licensee Telephone #:	(920) 851-5685
Licensee Designee:	Trevor Bain
Administrator:	Stephanie Bain
Name of Facility:	Holland Haven
Facility Address:	12844 Renwood Dr Holland, MI 49424
Facility Telephone #:	(920) 851-5685
Application Date:	05/31/2025
Capacity:	17
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/31/2025	On-Line Enrollment
06/03/2025	PSOR on Address Completed
06/03/2025	Contact - Document Sent Forms sent
06/03/2025	Inspection Completed-Fire Safety : A Refer to AL700338344
06/16/2025	Application Incomplete Letter Sent
07/03/2025	Contact - Document Received 1326A
07/03/2025	Contact - Document Sent FPs not found, Requested receipt
07/23/2025	Contact - Document Received
07/23/2025	File Transferred To Field Office
08/26/2025	Application Incomplete Letter Sent
09/12/2025	Application Complete On-site Needed
09/12/2025	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Holland Haven is a walk out ranch style home located in a subdivision in the city of Holland, Michigan. Approaching the home from the driveway, there are two entrances and a sliding glass door on the main level. The main level includes the kitchen, two dining areas, the living room, a medication room, a staff bedroom, a communal full bathroom, a shared resident bedroom with a full bathroom attached. On the second floor of the home are six shared resident bedrooms, one communal half bathroom, one communal full bathroom, a spacious living and dining room, and a laundry foyer. There are five exits on the second floor of the home, although two are not fire exits currently. The home is not currently wheelchair accessible.

The home utilizes public water and public sewer systems. The gas furnace and hot water heater are located on the main floor kitchen in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-

latching hardware. The home is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

This home was previously licensed as AL700338344 which had four three-bed bedrooms as allowed as specified in R400.15409(6) and three private, one-bed bedrooms. Mr. Bain and Ms. Bain initially applied to continue to maintain the floorplan and capacity specified in the original report for AL700338344, stating they believed that is what licensing would approve. Upon taking updated measurements on 9/12/25, it was determined Bedroom 1, which was previously licensed for three beds, did not have sufficient square footage for three residents as specified in R400.15409(6)(c). Upon taking updated measurements on 9/12/25, it was also determined previously private, one-bed bedrooms, had sufficient square footage for two residents and could become semi-private two-bed bedrooms. Bedrooms 3, 6 and 7 had sufficient square footage to maintain the three-bed capacity. Based on these measurements and the measurements of the common areas, it was determined the home could be licensed for 17 residents, as opposed to 15 as initially requested in the application. Mr. Bain and Ms. Bain verbally requested this change in capacity as we discussed it. It was also noted that prior to AL700338344, the home was licensed as AL700077395 which had a licensed capacity of 17.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Dimensions	Total Square Footage	Total Resident Beds
1	12'6" x 15'10"	198	2
2	13'1" x 10'	131	2
3	16'4" x 13'1"	214	3
4	11'6" x 13'	150	2
5	12'6" x 10'1" + 2'6" x 3'5"	135	2
6	19'7" x 10'11"	214	3
7	19'4" x 10'11"	211	3

The living, dining, and sitting room areas measure a total of 634 square feet of living space. This meets the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate seventeen residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to seventeen male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or aged, in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Ottawa County-DHS, Ottawa County CMH, or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation as specified in the resident's care agreement. The home will make provisions for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Holland Haven LLC which is a "Domestic Limited Liability Company" established on 4/11/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Holland Haven has submitted documentation appointing Licensee Designee, Trevor Bain, and Administrator, Stephanie Bain of the home. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this 17-bed home is adequate and includes a minimum of 2 direct care staff to 17 residents during waking hours and 1 direct care staff to 17 residents during sleeping hours. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be asleep but available during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee

paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home capacity seventeen.



09/18/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



09/18/2025

Jerry Hendrick
Area Manager

Date