



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 15, 2025

Lisa Barrie  
Hillman's Haven LLC  
333 Lynn St  
Hillman, MI 49746

RE: License #: AL600269136  
**Hillman's Haven**  
**200 Elizabeth**  
**Hillman, MI 49746**

Dear Lisa Barrie:

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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW Unit #13  
Grand Rapids, MI 49503  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL600269136
<b>Licensee Name:</b>	Hillman's Haven LLC
<b>Licensee Address:</b>	200 Elizabeth St Hillman, MI 49746
<b>Licensee Telephone #:</b>	(989) 742-2699
<b>Licensee Designee:</b>	Lisa Barrie
<b>Administrator:</b>	Tina Freitas
<b>Name of Facility:</b>	Hillman's Haven
<b>Facility Address:</b>	200 Elizabeth Hillman, MI 49746
<b>Facility Telephone #:</b>	(989) 742-2699
<b>Original Issuance Date:</b>	02/17/2005
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2025

Date of Bureau of Fire Services Inspection if applicable: 11/26/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 13

No. of others interviewed [redacted] Role: [redacted]

- 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.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



9/15/25

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Matthew Soderquist  
Licensing Consultant

Date