



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2025

Krista Mason
Benjamin's Hope
15468 Riley Street
Holland, MI 49424

RE: License #: AS700337151
Benjamin's Hope - Home I
3003 Grace Circle
Holland, MI 49424

Dear Krista Mason:

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 will be renewed within 30 days of its expiration so long as the necessary application materials have been received and there are no open investigations at that time. Your license 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 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

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

I. IDENTIFYING INFORMATION

License #:	AS700337151
Licensee Name:	Benjamin's Hope
Licensee Address:	15468 Riley Street Holland, MI 49424
Licensee Telephone #:	(616) 399-6293
Licensee Designee:	Krista Mason
Administrator:	Krista Mason
Name of Facility:	Benjamin's Hope - Home I
Facility Address:	3003 Grace Circle Holland, MI 49424
Facility Telephone #:	(616) 399-6293
Original Issuance Date:	04/22/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/29/25

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: To be requested in June 2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Administration

- 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 ☐
as304(1)- Granted 2013, residents may provide their own bedroom furnishings.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On 5/29/25, I completed an exit conference with Mr. Elenbaas who facilitated the inspection. He did not dispute my findings or recommendations.

IV. RECOMMENDATION

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

Cassandra Duursma

5/29/25

Cassandra Duursma
Licensing Consultant

Date