



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 4, 2026

Sara Heethuis  
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 Mrs. Heethuis:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan an on-site inspection will be conducted.

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 that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/20/2026

Date of Bureau of Fire Services Inspection if applicable: 09/30/2025

Date of Health Authority Inspection if applicable: 04/20/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

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

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Staff were reminded that meds cannot be left for residents to take on their own.
- 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. Home does not manage funds.
- 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? No excluded employees, but WBC  
site needs to be cleaned up and employees who no longer work for Holland  
Home need to be removed. N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On April 20, 2026, I conducted a renewal inspection. When I reviewed the fire drills for this home, I noticed that the times for the renewals were very quick and on the minute. When I asked about the times being so fast, Licensee Designee Sara Heethuis, informed me that it was the time documented for the maintenance person to call staff and for staff to explain what they would do in case of a fire. The paperwork they have did not document required fire drill information. When I further questioned their procedures for fire drills, Ms. Heethuis stated that residents do not leave the facility, they do not move residents from their rooms or wherever they are at the time of a drill. I informed her this is not an acceptable fire drill and I would be contacting the Fire Marshall assigned to the facility and discuss this further with him.

On April 20, 2026, I contacted Fire Marshall Derek Hall. I informed him of what I discovered during my renewal inspection. He stated the actions taken by staff at Holland Home does not meet Fire code and that he will look into this concern further.

Numerous phone calls were made between myself, Mr. Hall and Supervisor of BFS, Rick Day. They confirmed with me that Holland Home is not following mandated fire drill protocols. Mr. Hall had been in contact with Ms. Heethuis and other staff at the home to educate them regarding these mandated protocols and ensure that proper drills will be conducted going forward.

On April 28, 2026, Ms. Heethuis sent a new fire drill which had been conducted on 4/27/26. It specified that the residents were evacuated from the facility in just over 4 minutes. I informed Ms. Heethuis that a Corrective Action Plan was required due to the violation found. She agreed to send one.

On April 29, 2026, I received and approved a Corrective Action Plan from Ms. Heethuis.

This facility was found to be in non-compliance with the following rules:

**R 400.619**

**Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

 May 4, 2026

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Rebecca Piccard  
Licensing Consultant

Date