



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 15, 2021

Deedre Vriesman  
Resthaven  
948 Washington Avenue  
Holland, MI 49423

RE: License #: AH700382877  
Maple Woods Cottage  
740 College Avenue  
Holland, MI 49423

Dear Ms. Vriesman:

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 renewed upon receipt of an approved fire safety rating, as the current fire safety rating is expired, and upon receipt of license renewal fee.

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 feel free to contact the local office at (616) 204-4300.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH700382877
<b>Licensee Name:</b>	Resthaven
<b>Licensee Address:</b>	948 Washington Ave. Holland, MI 49423
<b>Licensee Telephone #:</b>	(616) 796-3500
<b>Authorized Representative:</b>	Deedre Vriesman
<b>Name of Facility:</b>	Maple Woods Cottage
<b>Facility Address:</b>	740 College Avenue Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 796-3700
<b>Original Issuance Date:</b>	05/11/2017
<b>Capacity:</b>	24
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): No-Onsite 11/15/2021

Date of Bureau of Fire Services Inspection if applicable: BFS A – 9/24/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- 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:
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

Upon receipt of an approved fire safety rating and receipt of renewal fee, renewal of the license is recommended.

*Julie Marino*

11/15/2021

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Licensing Consultant Date