



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 26, 2022

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 Ms. Heethuis:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular 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 "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AL410374262

Licensee Name: Holland Home

Licensee Address: Suite 300
2100 Raybrook Ave. SE
Grand Rapids, MI 49546

Licensee Telephone #: (616) 643-2501

Licensee/Licensee Designee: Sara Heethuis, Designee

Administrator: Jillian England

Name of Facility: Holland Home-Breton Extended Care
CENTRE

Facility Address: 2589 44th Street S.E.
Grand Rapids, MI 49312

Facility Telephone #: (616) 643-2500

Original Issuance Date: 11/02/2015

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/26/2022

Date of Bureau of Fire Services Inspection if applicable: 11/18/2021

Date of Health Authority Inspection if applicable: 05/26/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Administrator

- 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. They do not manage any resident 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? 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.

Exit interview conducted with Ms. Heethuis, Licensee Designee, and she agreed with my findings.

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home capacity 20.

Arlene B. Smith

05/26/2022

Arlene B. Smith MSW
Licensing Consultant

Date