

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 14, 2022

Dawn Noordijk Heritage Homes Inc Bldg 200, Suite 205 400 136th Avenue Holland, MI 49424

RE: License #: AS700012884

Oak Lane AFC Home 15269 161st Avenue Grand Haven, MI 49417

Dear Ms. Noordijk:

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 and special certification are 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) 356-0183.

Sincerely,

Megan Aukerman, Licensing Consultant Bureau of Community and Health Systems

Megan auterman, msw

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

#### I. IDENTIFYING INFORMATION

**License #:** AS700012884

**Licensee Name:** Heritage Homes Inc

**Licensee Address:** Bldg 200, Suite 205

400 136th Avenue Holland, MI 49424

**Licensee Telephone #:** (616) 403-1466

Licensee/Licensee Designee: Dawn Noordijk

Administrator: Shannon Lamb

Name of Facility: Oak Lane AFC Home

Facility Address: 15269 161st Avenue

Grand Haven, MI 49417

**Facility Telephone #:** (616) 842-6021

Original Issuance Date: 01/01/1992

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

# **II. METHODS OF INSPECTION**

Date of On-site Ins	pection(s):	07/01/202	22	
Date of Bureau of I	Fire Services Inspection if	applicable: 1	N/A	
Date of Environme	ntal/Health Inspection if a	pplicable: N	//A	
Inspection Type:	☐ Interview and ☐ Combination	d Observation [	⊠ Worksheet □ Full Fire Safety	
	wed and/or observed erviewed and/or observed riewed Role:		3 4	
Medication par	ss / simulated pass obser	ved? Yes⊠ N	No  ☐ If no, explain.	
• Medication(s)	and medication record(s)	reviewed? Yes	s ⊠ No □ If no, explain.	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
Fire drills revie	ewed? Yes 🗵 No 🗌 If r	ıo, explain.		
Fire safety equ	uipment and practices obs	erved? Yes 🗵	〗No □ If no, explain.	
If no, explain.	wed? (Special Certificatio atures checked? Yes ⊠	• ,		
Incident report	follow-up? Yes ⊠ No [	☐ If no, explain	1.	
N/A 🖂	on plan compliance verific			
	cluded employees followed	·	'A ⊠	
<ul><li>variances? Y</li></ul>	es 🗌 (please explain) No	) ∐ N/A ⊠		

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

On 07/01/2022, an onsite inspection was completed at the facility. An exit conference was conducted, and the facility was determined to be in substantial compliance with rules and requirements.

## IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 6).

Megan auterman, msw	07/14/2022
Megan Aukerman Licensing Consultant	Date
Licensing Consultant	