



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 #: AS700337152  
**Benjamin's Hope - Home 2**  
**3001 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**

<b>License #:</b>	AS700337152
<b>Licensee Name:</b>	Benjamin's Hope
<b>Licensee Address:</b>	15468 Riley Street Holland, MI 49424
<b>Licensee Telephone #:</b>	(616) 399-6293
<b>Licensee Designee:</b>	Krista Mason
<b>Administrator:</b>	Krista Mason
<b>Name of Facility:</b>	Benjamin's Hope - Home 2
<b>Facility Address:</b>	3001 Grace Circle Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 399-6293
<b>Original Issuance Date:</b>	04/22/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	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: Will be requested in June 2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

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 ☐  
as410(1)(c)- 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

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Cassandra Duursma  
Licensing Consultant

Date