



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 8, 2024

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

RE: License #: AS700012873  
**HH - Magnolia AIS/MR**  
**6983 Magnolia Drive**  
**Jenison, MI 49428-8765**

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 will be renewed within 30-days of its expiration so long as 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
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>	AS700012873
<b>Licensee Name:</b>	Heritage Homes Inc
<b>Licensee Address:</b>	Bldg 200, Suite 205 400 136th Avenue Holland, MI 49424
<b>Licensee Telephone #:</b>	(616) 494-5489
<b>Licensee Designee:</b>	Dawn Noordijk
<b>Administrator:</b>	Debra VanderSloot
<b>Name of Facility:</b>	HH - Magnolia AIS/MR
<b>Facility Address:</b>	6983 Magnolia Drive Jenison, MI 49428-8765
<b>Facility Telephone #:</b>	(616) 669-0061
<b>Original Issuance Date:</b>	01/26/1990
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/7/24

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

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 ☒

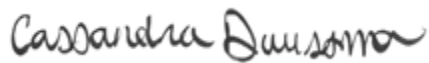
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On 10/8/24, I completed an exit conference with Ms. VanderSloot who did not dispute my findings or recommendations.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



10/8/24

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Cassandra Duursma  
Licensing Consultant

Date