



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2024

Chryle Land
Heritage Haus LLC
P.O. Box 253
Bellaire, MI 49615

RE: License #: AM050339409
Heritage Haus
3230 S. M-88 Hwy
Bellaire, MI 49615

Dear Ms. Land:

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 is 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,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM050339409

Licensee Name: Heritage Haus LLC

Licensee Address: 3230 S. M-88 Hwy
Bellaire, MI 49615

Licensee Telephone #: (231) 587-4843

Licensee/Licensee Designee: Chryle Land, Designee

Administrator: Chryle Land

Name of Facility: Heritage Haus

Facility Address: 3230 S. M-88 Hwy
Bellaire, MI 49615

Facility Telephone #: (231) 533-6869

Original Issuance Date: 06/27/2014

Capacity: 12

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2024

Date of Bureau of Fire Services Inspection if applicable: 11/04/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Licensee Designee

- 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.

Technical assistance was provided regarding water temperature measured in resident bathrooms, missing resident paperwork and licensee designee/administrator training requirements.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



12/23/2024

Adam Robarge
Licensing Consultant

Date