



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 22, 2025

Krista Mason
Benjamin's Hope
15468 Riley Street
Holland, MI 49424

RE: License #: AS700419151
Benjamin's Hope-House 7
15468 Riley St
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 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) 356-0100.

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

License #:	AS700419151
Licensee Name:	Benjamin's Hope
Licensee Address:	15468 Riley Street Holland, MI 49424
Licensee Telephone #:	(616) 399-6293
Licensee Designee:	Krista Mason
Administrator:	Thomas Elenbaas
Name of Facility:	Benjamin's Hope-House 7
Facility Address:	15468 Riley St Holland, MI 49424
Facility Telephone #:	(616) 399-6293
Original Issuance Date:	07/31/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/18/25

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

Date of Environmental/Health Inspection if applicable: 2/11/25

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.
Inspection occurred after mealtime, kitchen and food supply inspected.
- 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 9/18/25, I completed an exit conference with the administrator, Mr. Elenbaas, who facilitated the renewal inspection. He did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular license to this AFC adult small group home (capacity 1-6).

Cassandra Duursma

9/22/25

Cassandra Duursma
Licensing Consultant

Date