



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 21, 2026

Trevor Bain
Holland Haven LLC
368 Beech St
Holland, MI 49424

RE: License #: AL700419631
Holland Haven
12844 Renwood Dr
Holland, MI 49424

Dear Trevor and Stephanie Bain:

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. 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
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

License #:	AL700419631
Licensee Name:	Holland Haven LLC
Licensee Address:	368 Beech St Holland, MI 49424
Licensee Telephone #:	(616) 399-0071
Licensee Designee:	Trevor Bain
Administrator:	Stephanie Bain
Name of Facility:	Holland Haven
Facility Address:	12844 Renwood Dr Holland, MI 49424
Facility Telephone #:	(616) 399-0071
Original Issuance Date:	09/18/2025
Capacity:	17
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/14/26

Date of Bureau of Fire Services Inspection if applicable: 11/26/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed N/A

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 1/14/26, I completed an exit conference with Ms. Bain and Mr. Bain who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Cassandra Duursma

1/21/26

Cassandra Duursma
Licensing Consultant

Date