



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2026

Kenneth Nelson
Nelson Homes Inc
Unit E703
2964 Lakeshore Drive
Muskegon, MI 49441

RE: License #: AM410014849
Holiday Drive AFC
2153 Holiday Drive, SW
Wyoming, MI 49519-4236

Dear Kenneth Nelson:

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 #: AM410014849

Licensee Name: Nelson Homes Inc

Licensee Address: Unit E703
2964 Lakeshore Drive
Muskegon, MI 49441

Licensee Telephone #: (616) 262-4705

Licensee Designee: Kenneth Nelson

Administrator: Shari Nelson

Name of Facility: Holiday Drive AFC

Facility Address: 2153 Holiday Drive, SW
Wyoming, MI 49519-4236

Facility Telephone #: (616) 262-4705

Original Issuance Date: 08/13/1993

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/10/26

Date of Bureau of Fire Services Inspection if applicable: 11/13/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- 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 prior to meal time, kitchen inspection occurred.
- 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 3/10/26, I completed an exit conference with Shari Nelson (Administrator) who facilitated the renewal inspection. Consultation was provided regarding medication passing procedures and the licensing ruleset change from November 2026. Ms. Nelson did not dispute my findings or recommendations.

IV. RECOMMENDATION

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

Cassandra Duursma

3/18/26

Cassandra Duursma
Licensing Consultant

Date