GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 15, 2026

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 Dawn 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. You 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) 356-0100.

Sincerely,

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 #:	AS700012873
Licensee Name:	Heritage Homes Inc
Licensee Address:	Bldg 200, Suite 205 400 136th Avenue Holland, MI 49424
Licensee Telephone #:	(616) 395-9311
Licensee Designee:	Dawn Noordijk
Administrator:	Debra VanderSloot
Name of Facility:	HH - Magnolia AIS/MR
Facility Address:	6983 Magnolia Drive Jenison, MI 49428-8765
Facility Telephone #:	(616) 669-0061
Original Issuance Date:	01/26/1990
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/8/26

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 3
No. of residents interviewed and/or observed 4
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: 3/14/25- as315(10) 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 10/8/26, I completed an exit conference with administrator, Debra 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.



10/15/26

Cassandra Duursma Date
Licensing Consultant