



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 16, 2021

Christopher Trevathan
AH Holland Subtenant LLC
6755 Telegraph Rd Ste 330
Bloomfield Hills, MI 48301

RE: License #: AL700397734
Investigation #: 2021A0467007
AHSL Holland Lighthouse

Dear Mr. Trevathan:

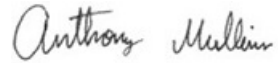
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for the violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL700397734
Investigation #:	2021A0467007
Complaint Receipt Date:	07/28/2021
Investigation Initiation Date:	07/28/2021
Report Due Date:	09/26/2021
Licensee Name:	AH Holland Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500, Toledo, OH 43604
Licensee Telephone #:	(248) 203-1800
Administrator:	Christopher Trevathan
Licensee Designee:	Christopher Trevathan
Name of Facility:	AHSL Holland Lighthouse
Facility Address:	11905 James Street, Holland, MI 49423
Facility Telephone #:	(616) 393-2174
Original Issuance Date:	03/21/2019
License Status:	REGULAR
Effective Date:	09/21/2019
Expiration Date:	09/20/2021
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
There is at least one resident that requires a two-person assist and the facility is not adequately staffed to address the resident's needs.	No
Residents are not allowed to practice their religious beliefs.	Yes
There are no scheduled events/activities for the residents.	No

III. METHODOLOGY

07/28/2021	Special Investigation Intake 2021A0467007
07/28/2021	Special Investigation Initiated - Telephone Telephone call made to the complainant.
07/30/2021	Inspection Completed On-site
08/11/2021	APS Referral
08/16/2021	Exit Conference Completed with Chris Trevathan

ALLEGATION: There is at least one resident that requires a two-person assist and the facility is not adequately staffed to address the resident's needs.

INVESTIGATION: On 7/28/21, I received a BCAL online complaint regarding staffing concerns at AHSL Lighthouse, where there is reportedly at least one resident that requires a two-person assist. On the same day, I initiated the investigation by calling the complainant. The complainant confirmed the allegations and stated that due to the staffing issues, there is approximately 7 to 9 residents in the facility, when it has the capacity to house 20 residents. The complainant is aware of at least one person in the home that requires a two-person assist.

On 7/30/21, I made an unannounced onsite investigation to the facility. The executive director and licensee designee, Christopher Trevathan, was able to assist me to the appropriate facility (Lighthouse) to address the concerns. I attempted to speak with Resident A regarding the concerns, but Resident A declined to be interviewed. I then spoke with Resident B and C. Resident B and C stated that their stay at the facility has been "terrible." They stated that there has only been one staff member working each shift for the last couple of weeks when there are usually two.

After speaking to Resident B and C, I spoke to Resident D. Resident D stated that she has lived in the facility for approximately three months and everything is "good so far." Resident D denied any knowledge of a staffing issue within the facility.

After speaking to Resident D, I spoke to Resident E. Resident E stated that she has been in the facility for less than a year. Resident E stated that the staff are helpful and denied any concerns with the number of direct care staff members working.

After speaking with the residents, I was able to speak with the Executive Director and licensee designee, Mr. Trevathan. Mr. Trevathan stated that none of the residents in Lighthouse require a two-person assist or transfer. Mr. Trevathan provided me with a staffing schedule for the facility over the last week, confirming that at least one staff member has been present on each shift. Mr. Trevathan stated that there is usually two staff members on 1st shift, 2nd shift and 3rd shift (2-2-2). However, staffing patterns can also be one person on 1st shift, 2nd shift and 3rd shift (1-1-1), depending on the facility’s population and needs. At the time of this unannounced onsite investigation, the facility only had 9 residents, none of which required a 2-person assist or transfer.

Throughout the course of this investigation, I was able to speak with four staff members. Staff A confirmed several staff members at the facility quit due to ongoing concerns with management. Staff A stated that she has been working as the only staff on her shift for the past couple of months although there were previously two staff members. Despite the recent change, Staff A stated that this facility does not have any residents who require two-person transfers or assists. Staff B also stated that several staff members have quit due to ongoing concerns with management. Staff B stated that she and other staff members are “burned out” from being mandated to work overtime. Staff C stated that “staffing is horrendous here.” Staff C stated that staff members do not have support and management is not trying to assist with the issue. Staff C stated that none of the residents in Lighthouse require a two-person transfer or assist. Staff D stated that several staff members have recently quit as well. Despite staff members listing concerns about management and the lack of staffing, none of them stated that residents are not receiving proper care as a result of the lack of staffing.

During the onsite investigation, I reviewed all of the resident’s assessment plans and confirmed that none of the residents require a two-person assist or transfer for any activity.

On 8/16/21, I completed an exit conference with licensee designee, Mr. Trevathan. He was informed of the investigative findings.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident’s resident care agreement and assessment plan.

ANALYSIS:	Based on the investigative findings, there is not a preponderance of evidence to support the facility not having sufficient staff to provide services specified in the resident's assessment plan. I reviewed all the resident's assessment plan and none of the residents in Lighthouse require a two-person assist or transfer for any activity. Therefore, Lighthouse is in compliance with this licensing rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not allowed to practice their religious beliefs.

INVESTIGATION: On 7/28/21, I received a BCAL online complaint regarding residents' rights being violated. It was alleged that residents are not allowed to pray out loud or listen to religious music. I spoke to the complainant, who confirmed the allegations.

On 7/30/21, I made an unannounced onsite investigation to the facility. The executive director and licensee designee, Christopher Trevathan, was able to assist me to the appropriate facility (Lighthouse) to address the concerns. Resident B and C stated that they were told by Mr. Trevathan that the facility is "no longer a Christian campus" and instead, is an "all gender" campus. As a result of these changes, Resident B and C stated that they are no longer allowed to pray out loud or listen to Christian music. Resident B and C stated that they are allowed to pray at the lunch/dinner table, but they must do so quietly to themselves. Resident B and C stated that the minister comes to the facility once a week, which is the only time they are allowed to participate in prayer as a group.

I then spoke to Resident D. Resident D stated that she is protestant and able to pray in the facility whenever she chooses to. Resident D stated that she is also allowed to listen to any music she chooses, including religious music.

I then spoke to Resident E. Resident E stated that she is Lutheran and allowed to pray and listen to music whenever she chooses to, including religious music. Resident E stated that the staff are helpful and denied any concerns within the facility.

After speaking with the residents, I spoke with Mr. Trevathan regarding this matter. Mr. Trevethan stated that American House is now an all-inclusive campus. Mr. Trevethan was adamant that residents can pray to themselves and out loud. However, he added that staff members are no longer allowed to lead/recite prayers with the residents. Mr. Trevathan stated that within the facility, there is a resident that identifies as an atheist and another resident that identifies as Jewish. Neither of the two residents would participate in activities until prayer was done. The purpose

of this recent change was to make all residents feel welcomed. Mr. Trevethan denied that he has ever stopped residents from listening to Christian and/or any other religious music. Again, Mr. Trevethan stated that the new change has stopped staff from reciting prayers, which has reportedly caused some staff members to become upset with him.

Not only are residents allowed to practice prayer out loud and participate in any other religious practice, Mr. Trevethan stated that residents are also able to engage in their religious practice in their rooms privately if they choose to do so. Mr. Trevethan stated that he has to be inclusive and he is trying to meet all the resident's needs. Mr. Trevethan stated that if there is a group activity regarding religion, residents have the right to walk away from said activity. In non-planned activities, residents have the right to be included, meaning the activity may be changed to accommodate and include everyone.

Mr. Trevethan stated that the facility has a church service once a month and he doesn't force any residents to participate. Prior to making the change to be more inclusive, Mr. Trevethan stated that he ran the decision by the Regional Director of Operations, Mr. Jack Methric. Mr. Trevethan stated that AHSL is not a religious or faith-based community. To be inclusive, "we as staff will not participate in it." Mr. Trevethan stated that his focus in being inclusive was to make sure the facility supports staff, residents, and family members.

Throughout the course of this investigation, I was able to speak with four staff members regarding religious practice within the facility. Staff A stated that religious practice is not allowed anymore. Approximately one month ago, Staff A stated there was Christian music playing for the residents and Mr. Trevethan, told them that they had to change the music and did not provide an explanation as to why. Per Staff A, not only are residents not allowed to listen to Christian music, they are also not allowed to pray out loud. Staff A stated that residents can pray to themselves.

Staff B stated that they and other staff members were told by Mr. Trevethan that they can't do devotion or prayer with residents. Staff B stated that residents are only allowed to pray silently to themselves. Staff B stated that Mr. Trevethan told them that management has supported his recent changes surrounding prayer. Staff B stated that "if Mr. Trevethan isn't around, we (staff) let the residents pray out loud." Staff B stated that it was relayed to them that there is an atheist and a Jewish resident within the facility, which is why Mr. Trevethan made the recent change. Staff B confirmed that they have witnessed Mr. Trevethan change the Christian music to another station while residents were listening.

Staff C stated that Mr. Trevethan told her that there would no longer be open prayer. Staff C stated that if residents want to pray, it has to be in silence. Staff C also confirmed that Mr. Trevethan will not allow residents to have religious music playing. Staff C has reportedly witnessed Mr. Trevethan turn religious music off and state, "we don't play that kind of music here. We need to change it to music in their

(residents) era.” Staff C stated that residents stated “we were listening to that.” Mr. Trevethan reportedly responded by saying “don’t you want to listen to something more upbeat?” Staff C stated that there is reportedly an atheist and Jewish resident within the facility and Mr. Trevethan stated to the residents, “how would you feel if you were Jewish and I prayed out loud?”

Staff D stated Mr. Threvathan took away devotion and prayer before meals for the residents. Staff D stated they were told that there is a Jewish and Atheist resident that complained about prayer. Staff D stated they have witnessed Mr. Trevathan change religious music to another station while residents were listening to it.

On 8/16/21, I completed an exit conference with licensee designee, Mr. Trevathan and informed him of the investigative findings. Mr. Trevathan remained adamant that the information stated about him as it relates to the rule violation is not true. Mr. Trevathan is aware that a corrective action plan is needed for this rule violation and plans to complete it.

APPLICABLE RULE	
R 400.15304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p style="padding-left: 40px;">(b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>
ANALYSIS:	<p>Mr. Trevethan stated that a lot of staff members are upset with him due to the recent change of being more inclusive and adamantly denied that he has stopped residents from listening to religious music or participating in prayer.</p> <p>Based on the investigative findings, there is a preponderance of evidence to support that residents are not being allowed to exercise their rights to practice religion of their choice. Two residents and four staff members confirmed that residents are not allowed to pray out loud or listen to religious music.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There are no scheduled events/activities for the residents.

INVESTIGATION: On 7/28/21, I received a BCAL online complaint regarding the facility not having scheduled events/activities for the resident. I spoke to the complainant who confirmed the allegations.

On 7/30/21, I made an unannounced onsite investigation to the facility. The executive director and licensee designee, Christopher Trevathan, was able to assist me to the appropriate facility (Lighthouse) to address the concerns. I spoke to Resident B and C. Resident B and C stated that they have Bingo, prayer meeting once a week and an exercise program that residents can participate in once a week. They also stated that staff will sometimes take the residents to sit outside and talk as an activity. Resident B and C have asked staff to take a bus trip as an activity and are hopeful they will be able to do so. I then spoke to Resident D.

Resident D stated that the facility has activities for the resident but was unable to recall any. Resident D denied any concerns for the number of activities within the facility. Resident E also denied any concerns for the number of activities within the facility.

When discussing this allegation with Mr. Trevathan, he stated that there is a constant flow of activities offered within the facility. In addition to the scheduled activities, Mr. Trevathan stated that the activities coordinator engages in small bible groups with residents when the Chaplin is unavailable.

Staff A stated that the activities coordinator does 1-on-1 activities with residents at times instead of the activities on the calendar. Staff B stated that for the last few weeks, activities have slowly started back up. Staff B stated that activities originally stopped due to Covid-19. Staff B stated that other staff members would go room-to-room to engage in activities with residents throughout Covid. Staff C stated there is an activities calendar but none of the activities on the calendar occur. Staff C stated that talking to and reminiscing with the residents is the only activity that occurs. Staff D stated that there are no activities for the residents in Lighthouse. However, there was a consistent schedule prior to Covid-19. Staff D stated that activities restarted at the beginning of 2021, but the calendar is not being followed for an unknown reason.

On 8/16/21, I completed an exit conference with licensee designee, Mr. Trevathan and informed him of the investigative findings.

APPLICABLE RULE	
R 400.15317	Resident recreation.
	(1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities

	that are appropriate to the number, care, needs, age, and interests of the residents.
ANALYSIS:	Based on the investigative findings, there is not a preponderance of evidence to support that the facility is not providing/offering activities for the residents. Two staff members confirmed that activities stopped due covid-19 and recently commenced again. Resident B and C listed activities they engage in and Resident D and E denied any concerns for the number of activities. Although staff members listed concerns for the lack of activities, there is no proof of this. Therefore, a violation is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

Anthony Mullins

08/16/2021

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

08/16/2021

Jerry Hendrick
Area Manager

Date