



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 17, 2021

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

RE: License #: AL700397726  
**AHSL Holland Bay Pointe**  
**11899 James Street**  
**Holland, MI 49423**

Dear Mr. Trevathan:

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) 356-0183.

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

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL700397726

**Licensee Name:** AH Holland Subtenant LLC

**Licensee Address:** One SeaGate, Suite 1500  
Toledo, OH 43604

**Licensee Telephone #:** (248) 203-1800

**Licensee/Licensee Designee:** Christopher Trevathan

**Administrator:** Christopher Trevathan

**Name of Facility:** AHSL Holland Bay Pointe

**Facility Address:** 11899 James Street  
Holland, MI 49423

**Facility Telephone #:** (616) 393-2174

**Original Issuance Date:** 04/08/2019

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/15/2021

Date of Bureau of Fire Services Inspection if applicable: 10/14/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 10  
No. of others interviewed [redacted] Role: [redacted]

- 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. N/A
- Meal preparation / service observed? Yes  No  If no, explain.  
Not meal time during inspection.
- 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.  
N/A
- 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   
R 400.15304(1)(b)(2)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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

*Anthony Mullins*

09/17/2021

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Anthony Mullins  
Licensing Consultant

Date