

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 20, 2023

Stephen Levy Leisure Living Management of Holland Inc. Suite 115 21800 Haggerty Rd. Northville, MI 48167

RE: License #: AL030006860 Addington Place of LakeSide Vista Amsterdam Haus 340 West 40th Street Holland, MI 49423

Dear Mr. Levy:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

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Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AL030006860
Licensee Name:	Leisure Living Management of Holland Inc.
Licensee Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Licensee Telephone #:	(616) 394-0302
Licensee/Licensee Designee:	Stephen Levy
Administrator:	Stephen Levy
Name of Facility:	Addington Place of LakeSide Vista Amsterdam Haus
Facility Address:	340 West 40th Street Holland, MI 49423
Facility Telephone #:	(616) 394-0302
Original Issuance Date:	10/03/1988
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/14/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	11/16/2022	
Date of Health Authority Inspection if applicable:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0	5 5	
•	• Medication pass / simulated pass observed? Yes \square No \square If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.		
•	 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
•	Fire drills reviewed? Yes 🖂 No 🗌 If no, explain.		
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxtimes$ 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 ☐ N/A ⊠ Number of excluded employees followed-up?	CAP date/s and rule/s: N/A 🖂	
•	Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Verification of annual health reviews of staff were unavailable.

R 400.15315 Handling of resident funds and valuables.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

A complete accounting of all resident funds paid to the facility were unavailable.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

03/20/2023

Eli DeLeon Licensing Consultant Date