

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 14, 2023

Mechelle Genigeski AH Holland Subtenant LLC 6755 Telegraph Rd Ste 330 Bloomfield Hills, MI 48301

RE: License #: AL700397724

AHSL Holland Lakeshore 11911 James Street Holland, MI 49423

Dear Mrs. Genigeski:

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 (616) 356-0183.

Sincerely,

arthony Mullim

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AL700397724

Licensee Name: AH Holland Subtenant LLC

Licensee Address: One SeaGate, Suite 1500

Toledo, OH 43604

Licensee Telephone #: (616) 283-9221

Licensee/Licensee Designee: Mechelle Genigeski

Administrator: Mechelle Genigeski

Name of Facility: AHSL Holland Lakeshore

Facility Address: 11911 James Street

Holland, MI 49423

Facility Telephone #: (616) 393-2174

Original Issuance Date: 03/21/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

| Date | of On-site Inspection(s): | 09/12/20 | 023 |
|-------|--|------------|------------------------|
| Date | of Bureau of Fire Services Inspection if appl | icable: | 10/26/2022 |
| Date | of Health Authority Inspection if applicable: | | N/A |
| No. d | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Designe | e | 2 4 |
| | Medication pass / simulated pass observed? Yes \square No \boxtimes If no, explain. No medications scheduled to be passed during the inspection. 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 \square No \boxtimes If no, explain. N/A Meal preparation / service observed? Yes \boxtimes No \square If no, explain. | | |
| • | Fire drills reviewed? Yes ⊠ No □ If no, ex | κplain. | |
| • | Fire safety equipment and practices observe | d?Yes [| ☑ No ☐ If no, explain. |
| | E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □ | | |
| | Incident report follow-up? Yes ☐ No ☑ If i | no, explai | in. |
| | Corrective action plan compliance verified? ` N/A | Yes 🗌 C | CAP date/s and rule/s: |
| • | Number of excluded employees followed-up? | ? N | J/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 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A did not have weight records on file for February, May, and August 2023. Resident B did not have weight records on file for February, May, and August 2023. Resident C did not have a weight record on file for August 2023.

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

On 9/2/23, Resident C did not receive her Clopidogrel 75 MG Tab and Cerovite Senior Tab medication. The explanation documented stated "contact pharmacy." On 9/3/23, Resident C did not receive her Levothyroxine 112 MCG Tablet due to "med not available." On 9/9/23, Resident C did not receive her Cerovite Senior Tab and Calcium Cit 315-VIT D3 200 tab due to "med not refilled." The explanations provided above are not acceptable reasons for a resident to miss scheduled doses of medications.

IV. RECOMMENDATION

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

arthony Mullim

09/14/2023

Anthony Mullins Licensing Consultant

Date