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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 #: AL700397730

AHSL Holland Beachside 11821 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,

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

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

### I. IDENTIFYING INFORMATION

**License #:** AL700397730

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 Beachside

Facility Address: 11821 James Street

Holland, MI 49423

**Facility Telephone #:** (616) 392-1007

Original Issuance Date: 03/21/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	09/12/2023	3
Date of Bureau of Fire Services Inspection if app	olicable: 1	0/26/2022
Date of Health Authority Inspection if applicable:	N	I/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  1 Role: Designation	3 5 ee	
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No medications scheduled to be passed during the inspection.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain</li> </ul>		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. N/A</li> <li>Meal preparation / service observed? Yes ☒ No ☐ If no, explain.</li> </ul>		
Fire drills reviewed? Yes ⊠ No □ If no, explain.		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes ☐ No ☒ If N/A</li> </ul>	no, explain.	
<ul> <li>Corrective action plan compliance verified?</li> <li>N/A ⋈</li> </ul>	Yes 🗌 CA	AP date/s and rule/s:
Number of excluded employees followed-up	)? 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 400.15310 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 weights documented for June, July, or August 2023. Resident B did not have weights documented for January, May, and June 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.

Resident A did not receive several medications as prescribed between 9/9/23 and 9/11/23. The medications include the following: Aspirin Tab 325MG, Aspercreme w/Lidocaine, Sertraline HCL 100MG Tablet, and Risperidone 0.5 Tablet. The explanations provided on the medication administration record (MAR) indicated that staff were "waiting on insurance to cover it, not available, don't have it, none on cart family needs to contact pharmacy."

Resident C did not receive several medications as prescribed between 9/1/23 and 9/11/23. The medications include the following: Vitamin A & D ointment, Gabapentin 300 MG capsule, and MAPAP 500MG Caplet. The explanations provided on the MAR indicated that "none on chart, still waiting on pharmacy, none in stock, and don't have it." None of the explanations provided above are acceptable reasons for residents to miss scheduled doses of medications.

#### IV. RECOMMENDATION

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

09/14/2023

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Date

Anthony Mullins Licensing Consultant