

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 #: AL700397733

AHSL Holland Driftwood 11907 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 Mullin

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 #:** AL700397733

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 Driftwood

Facility Address: 11907 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	e of On-site Inspection(s):	09/12/20	)23	
Date	e of Bureau of Fire Services Inspection if appl	icable:	10/26/2022	
Date	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Designe	e	3 5	
•	Medication pass / simulated pass observed? Yes $\square$ No $\boxtimes$ If no, explain. No medications were 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	xplain.		
•	Fire safety equipment and practices observe	d? Yes [	⊠ No  lf 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 N/A	no, expla	in.	
•	Corrective action plan compliance verified?  N/A	Yes 🗌 (	CAP date/s and rule/s:	
•	Number of excluded employees followed-up	? 1	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 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A and Resident B did not have a healthcare appraisal on file during the onsite inspection.

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 B did not have weight records on file for January and April 2023.

#### IV. RECOMMENDATION

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

anthony Mullin	09/14/2023
Anthony Mullins	Date
Licensing Consultant	