



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 5, 2023

Theresa Bursley  
AH Jenison Subtenant LLC  
6755 Telegraph Rd Ste 330  
Bloomfield Hills, MI 48301

RE: License #: AL700397747  
**AHSL Jenison Cottonwood**  
**834 Oak Crest Lane**  
**Jenison, MI 49428**

Dear Mrs. Bursley:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific dates for the 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,

*Anthony Mullins*

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 #:** AL700397747

**Licensee Name:** AH Jenison Subtenant LLC

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

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

**Licensee/Licensee Designee:** Theresa Bursley

**Administrator:** Theresa Bursley

**Name of Facility:** AHSL Jenison Cottonwood

**Facility Address:** 834 Oak Crest Lane  
Jenison, MI 49428

**Facility Telephone #:** (616) 457-3576

**Original Issuance Date:** 03/11/2019

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2023

Date of Bureau of Fire Services Inspection if applicable: 12/16/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Designee and Wellness Dir

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No meds scheduled to be passed during the inspection.
- 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.
- 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

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15312

Resident medications.

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

On 8/14/23, Resident C did not receive her Levothyroxine 100MCG medication due to staff not being able to locate it.

On 8/20/23, Resident C did not receive her Ensure due to "going outside with family."

On 8/27/23, Resident C did not receive her MAPAP 500MG medication due to "resident left for church at 9:00 am." None of the explanations given above are not acceptable reasons for the resident to miss her scheduled medications.

#### IV. RECOMMENDATION

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

*Anthony Mullins*

09/05/2023

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Anthony Mullins  
Licensing Consultant

Date