GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 27, 2023

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

RE: License #: AL030016016
Investigation #: 2024A0578008
Addington Place of LakeSide Vista Friesland Haus

Dear Stephen Levy:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

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

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL030016016
Investigation #:	2024A0578008
Complaint Receipt Date:	11/02/2023
Investigation Initiation Date:	11/02/2023
Report Due Date:	01/01/2024
Licensee Name:	Leisure Living Management of Holland Inc.
Licensee Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Licensee Telephone #:	(616) 394-0302
Administrator:	Stephen Levy
Licensee Designee:	Stephen Levy
Name of Facility:	Addington Place of LakeSide Vista Friesland Haus
Facility Address:	346 West 40th Street Holland, MI 49423
Facility Telephone #:	(616) 394-0302
Original Issuance Date:	03/15/1995
License **Status:**	REGULAR
Effective Date:	04/06/2022
Expiration Date:	04/05/2024
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A's 8PM and 10PM medications were given to Resident A at 3PM.	Yes
Resident B sits in soaked briefs for hours.	No

III. METHODOLOGY

11/02/2023	Special Investigation Intake 2024A0578008
11/02/2023	Special Investigation Initiated - Telephone
11/02/2023	APS Referral Completed.
11/20/2023	Special Investigation Completed On-site -Interview with direct care staff Mistee Hondorp, direct care staff Ashley Kiss, direct care staff Kelly Lawrence and direct care staff Joseph Winkelman.
11/22/2023	Contact-Documentation Received -*Medication Administration Record Summary* for Resident A.
12/18/2023	Contact-Telephone -Interview with Guardian B1.
12/19/2023	Exit Conference. -Message left for licensee designee Stephen Levy.

ALLEGATION:

Resident A's 8PM and 10PM medications were given to Resident A at 3PM.

INVESTIGATION:

On 11/02/2023, I received this complaint through the BCHS On-line Complaint System. Complainant alleged that direct care staff Kelly Lawrence passed all of Resident A's HS medications to Resident A at 3PM, including Resident A's 8PM and 10PM medications. Complainant reported direct care staff member Kelly Lawrence commented that if she administers medications this way, she does not have to "go back" to Resident A's bedroom and it "minimizes steps."

On 11/02/2023, I interviewed Complainant regarding the allegations. Complainant reported directly observing direct care staff Kelly Lawrence providing Resident A with her 3PM medications and HS medications at 3PM. Complainant reported Resident A would immediately consume her 3PM medications and then save her HS medications to administer to herself independently at 8PM or 10PM. Complainant reported Resident A would then place her HS medications in a napkin under her personal laptop to take these medications independently at 8PM or 10PM. Complainant reported these allegations occurred at least once to her knowledge almost two months ago. Complainant identified the HS medications provided to Resident A at 3PM as Resident A's Hydrocodone, Gabapentin, and several other medications she could not recall. Complainant reported that Kelly Lawrence completes the prompts and administration cues on the *Electronic Medication Administration Record* at 8PM and 10PM for Resident A despite not supervising or administering Resident A's medications at that time. Complainant reported informing management at this facility of this occurrence but did not feel these complaints were taken seriously. Complainant reported they were told to "mind their own business" and that Kelly Lawrence would be retrained.

On 11/20/2023, I completed an unannounced investigation on-site at this facility and interviewed direct care staff Mistee Hondorp regarding the allegations. Mistee Hondorp serves as the executive director for this facility. Mistee Hondorp denied being aware of the allegations and clarified that direct care staff are only trained to have a one-hour window before and after established medication administration times. Mistee Hondorp suspected the allegations were a result of a disgruntled direct care staff who had walked off on her scheduled shift and threatened to report the facility to this department.

While at the facility, I interviewed direct care staff Ashley Kiss, who reported working at this facility for the last six months. Ashley Kiss serves as the director of nursing for this facility. Ashley Kiss acknowledged being informed of the allegations and reviewing staff expectations with direct care staff Kelly Lawrence. Ashley Kiss could not confirm that Resident A had indeed received her 11PM medications at 3PM.

While at the facility, I interviewed direct care staff Kelly Lawrence regarding the allegations. Kelly Lawrence reported working at this facility for over six months. Kelly Lawrence acknowledged the allegations occurred and disclosed that she had provided Resident A with her HS Gabapentin and HS Hydrocodone at 3PM. Kelly Lawrence denied that Resident A would consume both 3PM and HS medications at the same time, but Resident A would retain the HS medications to administer on her own independently in the evening. Kelly Lawrence reported that she had provided Resident A with these HS medications at 3PM on several occasions per Resident A's request. Kelly Lawrence reported she discontinued providing Resident A with her HS medications at 3PM when informed by Ashley Kiss to no longer do so.

I reviewed the details of direct care staff Kelly Lawrence's interview with Mistee Hondorp. Mistee Hondorp denied having a physician's order stating in writing that

Resident A did not require the supervision of staff when taking or applying medication.

While at the facility, I reviewed the *Medication Administration Record Summary* for Resident A. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Hydrocodone-Acetaminophen 325MG TAB at 6AM, 12PM, 5PM, and 10PM. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Gabapentin 800MG TAB at 8AM, 3PM, and 8PM. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Gabapentin 100MG TAB at 8AM, 3PM, and 8PM. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Atorvastatin 10MG TAB at 8PM. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Baclofen 20MG TAB at 8AM, 3PM, and 8PM. The *Medication Administration Record Summary* for Resident A documented that Resident A is prescribed Montelukast 10MG TAB at 8PM.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	Based upon my investigation, which consisted of interviews with Direct care staff Kelly Lawrence, direct care staff Ashley Kiss, and direct care staff Mistee Hondorp, as well as observations made during an unannounced investigation on-site and a review of pertinent documentation relevant to this investigation, Resident A was provided her 8PM and 10PM medications at 3PM on more than one occasion and allowed to take or apply these medications without the supervision of the licensee, administrator, or direct care staff.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident B sits in soaked briefs for hours.

INVESTIGATION:

On 11/02/2023, Complainant alleged that Resident B was allowed to sit in soaked briefs for hours, to the point Resident B soaked his bed pad and wheelchair.

On 11/02/2023, I reviewed the details of the allegations with Complainant. Complainant reported that Resident B was allowed to remain in wet adult undergarments by direct care staff Kelly Lawrence for several hours. Complainant reported Resident B was observed to be incontinent of bladder at 3PM on October 10, 2023, and direct care staff Kelly Lawrence was working. Complainant reported that Resident B should have been checked for incontinence at 2PM as residents are on two-hour checks for incontinence. Complainant reported that since Resident B was incontinent of bladder at 3PM, Kelly Lawrence must not have inspected Resident B at 2PM. Complainant acknowledged direct care staff have all the necessary incontinent supplies available to them. Complainant reported that on other occasions, direct care staff at this facility have refused to provide Resident B with assistance with his incontinence and became aggravated when asked for details on the occurrence and frequency that Resident B is not provided with this type of assistance.

On 11/20/2023, I interviewed Mistee Hondorp regarding the allegations. Mistee Hondorp denied being aware of the allegations but clarified that Guardian B1 visits Resident B at this facility frequently. Mistee Hondorp acknowledged that residents are checked for incontinence every two hours and acknowledged having an appropriate supply of incontinence supplies. While at the facility, I inspected Resident B's bedroom while Resident B was engaged in lunch. I observed an appropriate incontinence supply in Resident B's bedroom and found it to be neat and clean with no evidence of recent incontinence. I observed Resident B in the dining room area and found him to be neat and clean with no visible signs of neglect.

On 11/20/2023, I interviewed direct care staff Kelly Lawrence regarding the allegations. Kelly Lawrence acknowledged working with Resident B and acknowledged that Resident B is provided assistance with toileting and changing his adult undergarments every two hours and more often as necessary. Kelly Lawrence denied ever intentionally allowing Resident B to sit in soiled undergarments or refusing to provide Resident B with assistance with toileting or changing his adult undergarments for any reason. Kelly Lawrence reported that on occasion, Resident B will refuse assistance with changing his adult undergarment if he is only incontinent of bladder, but clarified when Resident B demonstrates this behavior, another direct care staff will attempt to prompt Resident B or Resident B's guardian will provide assistance with prompting Resident B.

On 11/20/2023, I interviewed direct care staff Joseph Winkelman regarding the allegations. Joseph Winkelman reported working at this facility for over two months. Joseph Winkelman acknowledged working with Resident B and acknowledged providing Resident B with assistance with toileting and changing Resident B's adult undergarments at least every two hours and more frequently if necessary. Joseph Winkelman denied that Resident B has ever been intentionally allowed to remain in soiled adult undergarments and denied ever refusing to provide Resident B with assistance with changing his adult undergarments.

On 12/18/2023, I interviewed Guardian B1 regarding the allegations. Guardian B1 reported that she visits Resident B at this facility at least twice a week. Guardian B1 reported that Resident B is regularly incontinent of bladder but denied ever observing any direct care staff refusing to provide Resident B assistance with changing his adult undergarments. Guardian B1 reported Resident B will often void in his adult undergarment without making the effort to go and use the bathroom. Guardian B1 reported that she believes Resident B is provided with very good care at this facility.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based upon my investigation, which consisted of interviews with Direct care staff Kelly Lawrence, direct care staff Joseph Winkelman, direct care staff Mistee Hondorp, and Guardian B1, as well as observations made during an unannounced investigation on-site, there was not enough evidence that Resident B's personal needs were not attended to at all times.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable written plan of correction, it is recommended that this license continues on regular status.

12/19/2023

Eli DeLeon Date
Licensing Consultant

Approved By:

12/27/2023

Dawn N. Timm Date
Area Manager