



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 15, 2024

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

RE: License #: AL030006862
Addington Place of LakeSide Vista Delph Haus
344 West 40th Street
Holland, MI 49423

Dear Mr. Levy:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---|
| License#: | AL030006862 |
| Licensee Name: | Leisure Living Management of Holland Inc. |
| Licensee Address: | Suite 115 21800 Haggerty Rd. Northville, MI 48167 |
| Licensee Telephone #: | (616) 394-0302 |
| Licensee/Licensee Designee: | Stephen Levy |
| Administrator: | Mistee Hondorp |
| Name of Facility: | Addington Place of LakeSide Vista Delph Haus |
| Facility Address: | 344 West 40th Street Holland, MI 49423 |
| Facility Telephone #: | (616) 394-0302 |
| Original Issuance Date: | 12/18/1989 |
| Capacity: | 20 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/08/2024

Date of Bureau of Fire Services Inspection if applicable: 02/05/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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.
- 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

On 02/08/2024, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

Megan Aukerman, MSW

02/15/2024

Megan Aukerman
Licensing Consultant

Date