

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 7, 2024

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

RE: License #: AL030006859

Addington Place of LakeSide Vista Rotterdam Haus

340 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,

Megan auterman, 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 #: AL030006859

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 Rotterdam

Haus

Facility Address: 340 West 40th Street

Holland, MI 49423

Facility Telephone #: (616) 394-0302

Original Issuance Date: 12/12/1988

Capacity: 20

Program Type: AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	02/08/2	2024	
Date	e of Bureau of Fire Services Inspection if appl	licable:	02/05/2024	
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 Role:		3 7	
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? \	Yes ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. 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 ☐ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.	
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s: 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 auterman, msw	03/07/2024
Megan Aukerman	Date
Licensing Consultant	