



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 12, 2025

Christina Cotton
LakeHouse Coldwater
150 N. Shore Drive
Coldwater, MI 49036

RE: License #: AH120378302
LakeHouse Coldwater
150 N. Shore Drive
Coldwater, MI 49036

Dear Christina Cotton:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH120378302
Licensee Name:	Coldwater AL LLC
Licensee Address:	150 North Shore Drive Coldwater, MI 49036
Licensee Telephone #:	(646) 844-3600
Authorized Representative:	Christina Cotton
Administrator:	Tricia Weissmann
Name of Facility:	LakeHouse Coldwater
Facility Address:	150 N. Shore Drive Coldwater, MI 49036
Facility Telephone #:	(517) 278-6805
Original Issuance Date:	12/14/2016
Capacity:	89
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 02/12/2025

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 12
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Tramadol HCL 1000mg with instruction to administer one tablet by mouth three times a day for pain. Review of the MAR revealed Resident A received this medication four times on 01/09/2025.</p> <p>In addition, review of Resident A's MAR revealed Resident A was prescribed Lorazepam 0.5mg with instruction to administer one tablet by mouth every four hours as needed for anxiety or shortness of breath. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident B.</p>	
R 325.1932	Resident medications.
	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the individual who administered the prescribed medication.
Review of Resident A's MAR revealed Resident A was prescribed Ipra 0.5mg Neb Sol with instruction to administer one vial via nebulizer four times a day. Review of the MAR revealed staff did not initial that Resident A received this medication on 01/05/2025 at midday.	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
Inspection of the facility kitchen revealed that the freezer contained items that were opened, unsealed, and were not dated (including but not limited to French	

fries, cherries, carrots, and other items).

IV. RECOMMENDATION

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

Kimberly Host

02/12/2025

Date

Licensing Consultant