



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2025

Deedre Vriesman
The Farmstead Assisted Living
875 E. 24th Street
Holland, MI 49423

RE: License #: AH700412885
The Farmstead Assisted Living
875 E. 24th Street
Holland, MI 49423

Dear Deedre Vriesman:

Attached is the 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 licensee or licensee designee or home for the aged authorized representative and a date.

Receipt of an acceptable corrective action plan is requested. 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH700412885
Licensee Name:	Resthaven
Licensee Address:	948 Washington Ave. Holland, MI 49423
Licensee Telephone #:	(616) 796-3500
Authorized Representative:	Deedre Vriesman
Administrator/Licensee Designee:	Kimberly Mendels
Name of Facility:	The Farmstead Assisted Living
Facility Address:	875 E. 24th Street Holland, MI 49423
Facility Telephone #:	(616) 796-3500
Original Issuance Date:	10/28/2024
Capacity:	28
Program Type:	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/4/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 7

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. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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: N/A
- Number of excluded employees followed up? 0 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.
	<p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the individual who administered the prescribed medication.</p> <p>(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.</p>
ANALYSIS:	<p>Review of 11 resident medication administration records (MAR) revealed the following:</p> <ul style="list-style-type: none"> • Resident A’s March 2025 MAR and May 2025 MAR contained blank and/or missing entries. Due to the blank and/or missing entries, it could not be determined if Resident A received medication in accordance with the physician orders. • Resident B’s May 2025 MAR contained blank and/or missing entries. Due to the blank and/or missing entries, it could not be determined if Resident B received medication in accordance with the physician orders. • Also, there was no documented evidence in Resident A’s March 2025 MAR and May 2025 MAR or Resident B’s May 2025 MAR that either resident refused medication administration. <p>Due to the incomplete medication administration records, the facility is in violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 6/20/2025.

Julie Hinds

6/5/2025

Licensing Consultant Date