



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2025

Meridee Watt
AH Holland Subtenant LLC
Ste 1600
1 Towne Sq
Southfield, MI 48076

RE: License #: AL700397734
AHSL Holland Lighthouse
11905 James Street
Holland, MI 49423

Dear Ms. Watt:

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

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 356-0100.

Sincerely,



Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AL700397734 |
| Licensee Name: | AH Holland Subtenant LLC |
| Licensee Address: | Ste 1600 1 Towne Sq Southfield, MI 48076 |
| Licensee Telephone #: | (616) 283-9221 |
| Licensee/Licensee Designee: | Meridee Watt |
| Administrator: | Meridee Watt |
| Name of Facility: | AHSL Holland Lighthouse |
| Facility Address: | 11905 James Street Holland, MI 49423 |
| Facility Telephone #: | (616) 393-2174 |
| Original Issuance Date: | 03/21/2019 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/18/2025

Date of Bureau of Fire Services Inspection if applicable: 11/22/24 A Rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Designee

- 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. Staff does not oversee resident funds.
- 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.
N/A
- 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

This facility was found to be in non-compliance with the following rules:

R 400.15312

Resident medications.

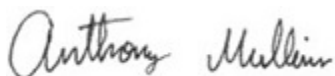
(2) Medication shall be given, taken, or applied pursuant to label instructions.

On 8/5/25, Resident A's MAR indicated that she was given her Icosapent Ethyl 1GM medication at 6:56am as opposed to 6:56pm as scheduled. On 8/11/25, Resident A's MAR indicated that she did not receive her 6:00pm dose due to "the order being beyond the give window." On 8/14/25, Resident A was given her evening dose 43 minutes past the scheduled time.

On 8/18/25, I conducted an exit conference onsite with licensee designee, Meridee Watt. She was informed of the findings and aware that a corrective action plan is due within 15 days of receipt of this report.

IV. RECOMMENDATION

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



08/19/2025

Anthony Mullins
Licensing Consultant

Date