STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

May 11, 2026

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

RE: License #: AL030006859
Investigation #: 2026A0464035
Addington Place of LakeSide Vista Rotterdam Haus

Dear Mr. Levy:

\Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (616) 356-0100.

Sincerely,

Megan Leavitt, LMSW

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

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL030006859
Investigation #:	2026A0464035
Complaint Receipt Date:	02/24/2026
Investigation Initiation Date:	02/24/2026
Report Due Date:	04/25/2026
Licensee Name:	Leisure Living Management of Holland Inc.
Licensee Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Licensee Telephone #:	(616) 394-0302
Administrator:	Eric Rash
Licensee Designee:	Stephen Levy
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
License Status:	REGULAR
Effective Date:	04/04/2024
Expiration Date:	04/03/2026
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility does not have enough staff to care for the residents.	No
Residents are not being administered their medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/24/2026	Special Investigation Intake 2026A0464035
02/24/2026	APS Referral
02/24/2026	Special Investigation Initiated - Telephone Kathleen Woodworth, APS
04/01/2026	Inspection Completed On-site Natasha Grew (LARA), Eric Rash (Administrator), Lexi Scott (Staff), Kemeisha Tournesy (Staff), Mariah Kelly (Staff), Neyah Washington (Staff), Shanise Dawson (Staff), Residents A, B, C, D, & E
04/02/2026	Contact - Document Received Facility Records
04/27/2026	Contact-Document received Eric Rash, Administrator
05/08/2026	Exit Conference Stephen Levy, Licensee Desigee

ALLEGATION: The facility does not have enough staff to care for the residents.

INVESTIGATION: On 02/24/2026, I received a complaint from previous licensing consultant, Arlene Smith. The complaint alleged that the facility does not have enough staffing; therefore, residents are left in soiled briefs and are not being properly taken care of. The complaint also alleged residents are not being administered with their prescribed medications. The facility campus contains five separate AFC licenses. Similar investigations are open under SIR’s 2026A046434, 2026A0469005, 2026A04649006 and 2026A04640469007. The complaints were received by Adult Protective Services (APS). APS did not assign the complaint for investigation.

On 02/24/2026, I contacted Allegan County APS worker, Kathleen Woodworth, to coordinate the investigation. Mrs. Woodworth reported she had a complaint at the facility regarding a specific resident; however, she closed her investigation due to lack of evidence. Mrs. Woodworth reported she did not have concerns regarding staff or residents not being cared for.

On 04/01/2026, License Consultant, Natsha Grew and I completed an unannounced, onsite inspection at the facility. We interviewed facility administrator, Eric Rash. Mr. Rash stated they have been struggling with staffing. Mr. Rash stated he has terminated several staff recently. As a result, he believes terminated staff could be retaliating by calling in complaints to LARA. Mr. Rash stated they have been working hard to hire staff, including hosting job fairs. In the meantime, they have been using three different staffing companies.

I then interviewed Health and Wellness Director, Lexi Scott and staff, Kemeisha Tournesy. Both staff reported the facility has struggled with staffing. Many staff were recently let go, and the facility has been actively hiring staff. To ensure resident care needs are met, the facility has been using outside agencies to cover shifts. They have been using staff from Interim Staffing, Comfort Keepers and Care.com.

Ms. Grew interviewed staff, Mariah Kelly, Neyah Washington, and Shanise Dawson, individually. Ms. Kelley reported there has been a staffing shortage, which worsens when there are staff who call in; however, Ms. Kelley reported the staffing issue has gotten better, as administration is actively working on hiring new staff. Both Ms. Washington and Ms. Dawson reported there are sufficient staff working on each shift. They reported staff do call in; however, their shifts are always covered, and the facility does not go without staff. All three staff denied residents have been left in soiled briefs or not properly cared for.

I then interviewed Residents A, B, C, D and E, privately. Residents A and E reported there have been incidents when they have had to wait “a few” minutes, after pushing their call light, for staff to come and provide aid. Both Resident A and E stated they feel it is because the facility does not have enough staff on duty. Resident B, C and D all reported they are happy with the staff at the facility. All three residents reported they are more independent and require less staff assistance. If they do need staff assistance, staff usually respond promptly.

On 04/02/2026, I received and reviewed copies of the staff schedule for February 2026 and March 2026. The schedule reflected that during 1st and 2nd shift, there were two staff scheduled. During 3rd shift there were most shifts with two staff assigned; however, there were some 3rd shifts that had one staff assigned to this facility and a second staff assigned as a “floater” shift to assist with other facilities. The schedule did not reflect any shifts that went without appropriate coverage.

On 04/02/2026, I received and reviewed the Assessment Plans for Resident A, B,

C, D and E. All the assessment plans were completed timely; however, there were no signatures by the resident, guardian or licensee designee. The Assessment plans for Resident C and Resident E reflect the residents require staff assistance with activities of daily living (ADL). The Assessment Plans for Resident A and Resident B reflect they are independent and do not require any staff assistance. Resident D's Assessment Plan reflects Resident D requires prompting by staff for ADL's.

On 05/08/2026, Mrs. Grew and I completed an exit conference with licensee designee, Stephen Levy and administrator, Eric Rash. They were informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.**
ANALYSIS:	On 02/24/2026, a complaint was received alleging the facility does not have sufficient staff to meet resident care needs. Staff, Eric Rash, Lexi Scott, Kemeisha Tournesy, Mariah Kelly, Neyah Washington, and Shanise Dawson all reported there are enough staff to cover each shift, based on the resident care needs. All staff fill in if there are any scheduling gaps. The facility also utilizes staffing agencies to fill any gaps. The facility is actively hiring new staff, so that they can eliminate the use of staffing companies. Resident A, B, C, D and E were all interviewed individually. Resident A and E reported there have been times they had to "wait a few" minutes for staff assistance. Resident B, C and D all denied any staffing concerns and reported all of their care needs are met. The staff schedule indicates the facility has sufficient staff for 1st, 2nd and 3rd shifts.

	Resident Assessment Plans indicate only Resident C and E require staff assistance with activities of daily living (ADL). Based on the investigative findings, there is insufficient evidence to support a rule violation that the facility does not have enough staff to meet resident care needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not being administered their medications.

INVESTIGATION: On 04/01/2026, Mrs. Grew and I completed an unannounced onsite inspection at the facility. We interviewed Mr. Rash, who denied being aware of any incidents when residents were not administered their medications.

I then interviewed Ms. Scott and Ms. Tournsey. Both staff reported as far as they are aware, all residents have been administered their medications as prescribed. They denied being aware of any medication errors.

Mrs. Grew interviewed Ms. Kelly, Ms. Washington, and Ms. Dawson individually. Ms. Kelly and Ms. Dawson denied there have been incidents when residents were not administered medications. Ms. Washington reported prior to Ms. Scott becoming the medication nurse manager, there were issues when residents were not administered medications timely and they occasionally ran out of supply. Since Ms. Scott has begun working at the facility, there have not been any reported medication issues.

I then interviewed Resident A, B, C, D and E all individually. Resident A, B, C and D all reported facility staff administer their medications as prescribed. They denied any concerns. Resident E reported there have been incidents when she has had to wait a few hours to get her PRN pain medication.

On 04/02/2026, I received and reviewed resident Medication Administration Records (MAR). The MAR for Resident B reflected on 02/8/2026, 02/10/2026, 02/11/2026 and 02/14/2026 Resident B was not administered her Furosemide 20mg. The MAR also reflected that on 03/19/2026 Resident B was not given her 8:00 AM Lidocaine patch. The MAR also reflects that for the months of February 2026 and March 2026 there were several instances where the MAR was initialed as “other” and Resident B was not administered prescribed medication.

The MAR was reviewed for Resident F. The MAR reflected that on 02/19/2026, Resident F was not administered Acetaminophen 325mg, Azathioprine 50mg, Carvedilol 25mg, Famotidine 20mg, Furosemide 20mg, gas relief cap 125mg, Levothyroxine 100mcg, Loratadine 10mg, Pantoprazole 40mg, Tramadol and 50mg.

On 04/27/2026, I received an email from Mr. Rash that was a response he received

from Health and Wellness Director Alexis Scott explaining when staff use “other” or “charting error” on the MAR. Ms. Scott stated in the email “the team uses “other” when they need to document late administrations or if there are other notes/updates about the medication that was given. They use the “charting error” option when the medication was removed and charted as being given, but the resident refused/declined after it was already charted as given.”

On 05/08/2026, Mrs. Grew and I completed an exit conference with licensee designee, Stephen Levy and administrator, Eric Rash. They were informed of the investigation findings and recommendations. They stated that a corrective action plan would be submitted to LARA.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	On 02/24/2026, a complaint was received alleging residents are not being administered their medications as prescribed. Staff, Eric Rash, Lexi Scott, Kemeisha Tournesy, Mariah Kelly, Neyah Washington, and Shanise Dawson were all interviewed individually. Mr. Rash, Ms. Scott, Ms. Tournesy, Ms. Kelly and Ms. Washington all reported every resident is administered their medications as prescribed, in a timely manner. Ms. Dawson reported prior to Ms. Scott becoming the medication nurse manager, there were medication errors. Resident A, B, C, D and E were all interviewed privately. Resident A, B, C and D reported staff administer their medications as prescribed. Resident E reported there have been incidents when she had to wait too long to receive her pain PRN medication. Resident Medication Administration Records (MAR) indicate several medication errors where Resident B and Resident F were not administered their prescribed medications. Based on the investigative findings, there is sufficient evidence to support a rule violation that residents were not administered their medications as prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

Additional Findings: Resident Assessment Plans have not been completed and signed annually.

INVESTIGATION: On 04/02/2026 I received & reviewed resident Assessment Plans. On 04/27/2026, I received a telephone call from Mr. Rash. Mr. Rash stated he was able to locate assessment plans for residents that were completed on the LARA Assessment Plan form (BCAL-3265) but these assessment plans were completed prior to his employment with this facility. Mr. Rash stated he was not aware of this form or the need for signatures for the assessment plan. Mr. Rash stated he has not completed any of these assessment plan forms since he was hired. I informed Mr. Rash that while the LARA Assessment Plan form is not required any more, the domains on that form all must be in a resident assessment plan and have the required signatures from the resident or resident's guardian and the licensee or licensee designee. Mr. Rash stated there is a "consolidated assessment plan" that the facility uses that gets signed by the resident or family/responsible party, health and wellness director, and executive director.

On 05/08/2026, Mrs. Grew and I completed an exit conference with licensee designee, Stephen Levy and administrator, Eric Rash. They were informed of the investigation findings and recommendations. They stated that a corrective action plan would be submitted to LARA.

APPLICABLE RULE	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.
ANALYSIS:	On 04/02/2026, while reviewing resident Assessment Plans, it was discovered the plans were not completed and signed annually. Facility administrator, Eric Rash reported he was not aware the assessment plans are required to be completed and signed annually. Mr. Rash is working on updating all resident assessment plans. Based on the investigative findings, there is sufficient evidence to support a rule violation that the facility did not complete and sign resident Assessment Plans annually.

CONCLUSION:	VIOLATION ESTABLISHED

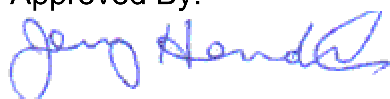
IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the licensing status remain unchanged.

Megan Leavitt, LMSW 05/08/2026

Megan Leavitt Date
Licensing Consultant

Approved By:



05/11/2026

Jerry Hendrick Date
Area Manager