GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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 #: AL030006862
Investigation #: 2026A0469007
Addington Place of LakeSide Vista Delph 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL030006862
Investigation #:	2026A0469007
Complaint Receipt Date:	03/31/2026
Investigation Initiation Date:	03/31/2026
Report Due Date:	05/30/2026
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 Delph Haus
Facility Address:	344 West 40th Street Holland, MI 49423
Facility Telephone #:	(616) 394-0302
Original Issuance Date:	12/18/1989
License Status:	REGULAR
Effective Date:	02/05/2026
Expiration Date:	02/04/2028
Capacity:	20
Program Type:	AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility does not have adequate staffing to meet resident care needs.	No
Residents are running out of medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/31/2026	Special Investigation Intake 2026A0469007
03/31/2026	Special Investigation Initiated - On Site
03/31/2026	APS Referral APS referral not needed
03/31/2026	Inspection Completed On-site
04/02/2026	Contact - Document Received
04/23/2026	Contact - Document Requested Email to Eric Rash
04/27/2026	Contact - Document Received Email from Eric Rash
04/27/2026	Contact- Telephone Call Received Eric Rash
05/08/2026	Exit Conference Licensee Designee Stephen Levy and Administrator Eric Rash

ALLEGATION: The facility does not have adequate staffing to meet resident care needs.

INVESTIGATION: On 03/31/2026, I opened the special investigation for this facility due to the complaint received from the BCHC online complaints on 03/24/2026 stating that the community has inadequate staffing. The complaint stated that inadequate staffing has caused staff to use a Hoyer lift with one person instead of two people and residents are not getting their needs met. The complaint stated there were three Hoyer lifts in one building. The complaint stated residents are running out of medications. The other active coordinating special investigations for this community are AL030016016_SIR_2026A0469005,

AL030084491_SIR_2026A0469006, AL030006859_SIR_2026A0464035, and AL030006860_SIR_2026A0464034.

On 03/31/2026, LARA Licensing Consultant Megan Leavitt 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 and he believes a terminated staff may 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.

Ms. Leavitt interviewed Health and Wellness Director Alexis Scott and staff Kemeisha Tournesy. Both staff reported the facility has struggled with staffing. Many staff were let go recently, 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.

I interviewed direct care workers individually, including Melissa Schmall, Maria Kelly, and Neyah Washington. I also interviewed Activities Assistant Samantha Bower. I asked Ms. Schmall what building she typically works in, and if she works in any other building. Ms. Schmall stated she typically works at building 3 which is Delph Haus. Ms. Schmall stated she works first shift typically; however, she picks up hours for second shift too. Ms. Schmall stated she has also picked up shifts in building 1 which is Amsterdam Haus, building 4 which is Friesland Haus, and building 5 which is Zeeland Haus. Ms. Schmall stated she is trained as a med tech and a caregiver. Ms. Schmall stated that med techs are also trained in caregiving, and during shifts they do both roles no matter what building staff are working in. I asked Ms. Schmall where she was working today. Ms. Schmall stated she is working in Delph Haus as a med tech. I asked Ms. Schmall how many residents reside in Delph Haus. Ms. Schmall stated there are currently seven residents in Delph Haus. I asked Ms. Schmall how many staff are working in Delph Haus today. Ms. Schmall stated she is the only direct care staff working today in Delph Haus.

I asked Ms. Schmall if there are any residents in Delph Haus that use a Hoyer or a two-person lift. Ms. Schmall stated there are no residents who use a Hoyer. Ms. Schmall stated there has been staffing turnover for all the buildings, however all shifts for all the buildings are covered by either direct staff or a staffing agency. I asked Ms. Schmall if she had observed any issues with residents not getting their needs met. Ms. Schmall stated no. Ms. Schmall stated that there are at least two-hour checks for toileting and resident needs, and all staff are timely with this.

I asked Ms. Kelly which building she was working in today. Ms. Kelly stated she was a "floater" and is going between all buildings for where the need is. I asked Ms. Kelly if she has observed issues with staffing. Ms. Kelly stated there has been a staffing shortage, and that the facility is working on hiring more staff. Ms. Kelly stated if there

is a call-in or no show, there has been communication to make sure there is coverage. Ms. Kelly stated that med techs also provide direct care of residents. I asked if there is an issue with frequent call-ins from staff. Ms. Kelly stated the staff who call in frequently are no longer employed with the facility. I asked Ms. Kelly if there were residents who require a Hoyer or two-person lift. Ms. Kelly stated there are residents who use a Hoyer, which requires two-people, in some buildings, but not all buildings. Ms. Kelly stated there are always enough staff for two staff to use a Hoyer or two-person lift. I asked Ms. Kelly if she has observed any concerns with resident needs not being met. Ms. Kelly stated at the start of each shift, staff check on residents for any toileting or other needs they may have. Ms. Kelly stated the checks are continued every two hours after that or more if a resident needs something more frequently.

I asked Ms. Washington which building she is working at today. Ms. Washington stated she is working in Rotterdam Haus today. I asked how many staff were working in Rotterdam Haus during the current shift. Ms. Washington stated there are two staff today in Rotterdam, including herself. I asked Ms. Washington if she has worked in any other building. Ms. Washington stated she has picked up shifts in all the buildings. Ms. Washington stated there has been staffing turnover, so there are a lot of shifts that can get picked up. Ms. Washington stated either direct hired staff or staffing agencies will get the open shifts covered. I asked Ms. Washington if she observed any time when residents were not getting their needs met or checked on. Ms. Washington stated no. Ms. Washington stated all residents get checked every two hours, or more if needed, and staff do this regularly. I asked Ms. Washington if there are any residents who require a Hoyer or two-person lift. Ms. Washington stated there are in some of the buildings, but Delph does not have any. Ms. Washington stated a Hoyer lift requires two staff to use it safely. Ms. Washington stated that staff have walkies to help with communication so if someone needs to use a Hoyer or two-person assist, the walkie is used to request another staff to assist.

I asked Ms. Bower where she typically works at the facility. Ms. Bower stated she has been trained as a med tech as that was her prior position, but now she is the Activities Assistant. Ms. Bower continued to state that she has picked up shifts in all the buildings. I asked Ms. Bower if there were any times she observed not having enough staff available for a Hoyer or two-person assist tasks. Ms. Bower stated no. Ms. Bower stated there are always enough staff between the med techs and caregivers on each shift for each building. Ms. Bower stated if she needs staff assistance with a resident while they are participating in an activity, she uses the walkie and has no issues with staff responding to assist.

While onsite Ms. Leavitt interviewed Resident A, privately. Resident A reported she is independent and able to complete all her care needs by herself. Resident A reported she rarely needs staff assistance, but if she does have to press her call button, staff respond promptly.

While onsite I interviewed Resident B, privately. I asked Resident B if she had any concerns with getting care while she is living in this facility. Resident B stated she gets "great care".

On 04/22/2026, I reviewed assessment plans for Resident A, B, C, D, E, F and G. None of the residents' assessment plans document a two-person assist or use of an assistive device that would require two people. Resident E and F use assistive belt devices for transfers. Resident D requires "extensive" assistance with bathing. Resident E requires "total" assistance with evacuations and emergencies as Resident E is dependent on staff assistance with all mobility.

On 04/22/2023, I reviewed the staff scheduled for February 2026 and March 2026. In this facility there was one staff for 1st shift, 1 staff for second shift, and 1 staff for 3 shift every day.

On 05/08/2026, Licensing Consultant Megan Leavitt 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:	The complaint stated there was not adequate staff for the community. Administrator Eric Rash, Health and Wellness Director Lexi, staff Kemeisha Tournesy, direct care workers Melissa Schmall, Maria Kelly, and Neyah Washington, and Activities Assistant Samantha Bower were interviewed. None reported an issue with inadequate staffing during schedule shifts. Resident A and Resident B were interviewed and did not have concerns about the staffing or care they were receiving. After reviewing assessment plans for Resident A, B, C, D, E, F,

	and G, and the staff schedule from February 2026 and March 2026, there has been one staff to seven residents for all shifts. Delph Haus does not have any residents who require a Hoyer or two-person assistance. Resident E and F use assistive belt devices for transfers. Resident D requires "extensive" assistance with bathing. Resident E requires "total" assistance with evacuations and emergencies as Resident E is dependent on staff assistance with all mobility. While these residents require more care than others, the other residents in this unit need standby assistance for toileting, or verbal cues or reminders. Therefore, there is adequate staffing in Delph Haus to meet the needs of the residents. There is no evidence for a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are running out of medications.

INVESTIGATION: While onsite on 03/31/2026, I asked Ms. Schmall if any of the facility's residents have not received their medication due to the facility "running out". Ms. Schmall stated yes, however, she does not typically have an issue with the medication supply. Ms. Schmall could not recall the last time she had an issue with the medication supply. Ms. Schmall continued to state if medications are low in supply, staff call the pharmacy for the refill, and the medications are typically delivered that evening. Ms. Schmall stated in addition to calling the pharmacy and getting deliveries when needed, they have a monthly scheduled delivery as well.

While onsite on 03/31/2026, I asked Ms. Kelly if any of the facility's residents have not received their medication due to the facility "running out". Ms. Kelly stated no. Ms. Kelly stated she has not observed any issues with the medication supply or with timely administration of medications.

While onsite on 03/31/2026, I asked Ms. Washington if any of the facility's residents have not received their medication due to the facility "running out". Ms. Washington yes, there had been issues previously with not having some medications for residents. Ms. Washington stated since the new nurse Lexi has been hired, there have been less issues with this.

While onsite on 03/31/2026, I asked Ms. Bower if she is aware of any resident not getting their medication due to the facility running out. Ms. Bower stated no.

In Ms. Leavitt's interview with Resident A on 03/31/2026, Resident A reported staff administer all her medications as prescribed. Resident A denied having any complaints or concerns about the facility.

I asked Resident B while onsite on 03/31/2026, I asked Resident B if she gets her medications as prescribed. Resident B stated she does get medications as prescribed and has not had any issues with her medications.

On 04/22/2026, I reviewed the medication administration record (MAR) for February 2026 and March 2026 for Resident A, B, C, E, and F.

- Resident A's MAR documented:
    - On 02/20/2026 the 8:00am dose of Aspirin low dose 81mg is other.
    - On 02/20/2026 the 8:00am dose of Citalopram 10mg is other.
    - On 03/10/2026 the 8:00am dose of Aspirin low dose 81mg is other.
    - On 03/12/2026 the 8:00am dose of Metformin 500mg is other.
    - On 03/15/2026, 03/19/2026, and 03/20/2026 the 8:00am dose for Multivitamin is other.

- Resident B's MAR documented:
    - On 03/14/2026 and 03/15/2026 the 8:00am dose of Acetaminophen 500mg is other.
    - On 03/08/2026 and 03/14/2026 the 8:00am dose of Metoprol 50mg ER is other.

- Resident C's MAR documented:
    - On 02/01/2026 the 8:00am dose of Eliquis 2.5mg is drug not available and the 8:00pm dose of Eliquis 2.5mg is drug not given.
    - On 02/02/2026 and 02/03/2026 the 8:00am and 8:00pm doses of Eliquis 2.5mg are drug not given.
    - On 02/04/2026 the 8:00am dose of Eliquis 2.5mg is other and the 8:00pm dose is drug not given.
    - On 02/06/2026 the 2:00pm dose of Gabapentin 300mg is blank.
    - On 02/13/2026 the 8:00am dose of Lisinopril 20mg is drug not given.
    - On 02/13/2026 the 8:00pm dose of Gabapentin 300mg is drug not available.
    - On 02/22/2026 the 8:00am dose of Fluoxetine 40mg is drug not given.
    - On 02/24/2026 the 2:00pm dose of Gabapentin 300mg is other.
    - On 02/25/2026 the 8:00am dose of Quetiapine 50mg is drug not available.
    - On 03/06/2026 the 2:00pm dose of Gabapentin 300mg is other.
    - On 03/14/2026 the 2:00pm dose of Gabapentin 300mg is blank.
    - On 03/10/2026 the 8:00am dose of Eliquis 2.5mg is drug not available.
    - On 03/11/2026 the 8:00am dose of Eliquis 2.5mg is drug not available and 8:00pm dose is drug not given.
    - On 03/19/2026 the 8:00pm dose of Eliquis 2.5mg is blank.
    - On 03/20/2026 to 03/30/2026 the 8:00am and 8:00pm doses of Eliquis 2.5mg are blank.

- Resident E's MAR documented:
    - On 03/14/2026 the 8:00pm dose of Nystatin POW is blank.

- On 03/14/2026 the 8:00pm dose of Nystatin External Powder is blank.
- On 03/16/2026 and 03/17/2026 the 9:00am dose of Petroleum Gel Jelly is drug not available.

- Resident F's MAR documented:
  - On 02/13/2026 the 9:00am dose of Sertraline 25mg is blank.
  - On 02/14/2026 the 9:00am dose of Sertraline 25mg is drug not given.
  - On 03/21/2026 the 8:00pm dose of Carvedilol 6.25mg is drug not available.

On 04/23/2026, I emailed Mr. Rash requesting clarification for when staff would use "other" on the MAR.

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."

On 05/08/2026, Licensing Consultant Megan Leavitt 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 agreed to complete the corrective action plan.

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:	A complaint was received indicating residents were running out of medication. While staff interviews were mixed regarding whether or not there were issues with residents not receiving their medications due to the facility running out, and Resident A and B did not have concerns with their medications, the MAR for February 2026 and March 2026 for Resident C, E, and F had notations for multiple days when the medication was not available. Resident C, E, and Resident F had blank spots for times they should have received medication. Resident C's MAR notes for the Eliquis 2.5mg notes under additional physician directions " take one tablet by mouth twice daily **off cycle**", however does not note a date for the cycle to stop or be discontinued, and was documented as not available, not given, or left blank. Resident

	A, B, and C's MAR also had several medications as other, which from the explanation provided by the facility, would indicate these medications may have been administered late. Therefore, this is a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Assessment plans for Resident A, B, C, D, E, F, and G did not have required signatures.

INVESTIGATION: While reviewing the assessment plans for Resident A, B, C, D, E, F, and G, none of the assessment plans were signed by the resident or resident's designated representative, or by the licensee.

On 04/23/2026, I emailed Mr. Rash requesting the signature pages for the resident assessment plans.

On 04/27/2026, I received a telephone call from Mr. Rash. Mr. Rash stated he was able to locate prior assessment plans for residents that were completed on the LARA Assessment Plan form (BCAL-3265) but that 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 plans since he was hired. I informed Mr. Rash that while the LARA Assessment Plan 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, Licensing Consultant Megan Leavitt 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 agreed to complete the corrective action plan.

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:	Resident A, B, C, D, E, F and G’s assessment plans were not signed by the resident or resident's designated representative, or by the licensee. Therefore, this is a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.

05/11/2026

Natasha Grew — Date
Licensing Consultant

Approved By:

05/11/2026

Jerry Hendrick — Date
Area Manager