



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 #: AL030016016
Investigation #: 2026A0469005
Addington Place of LakeSide Vista Friesland 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,

A handwritten signature in cursive script that reads "Natasha Grew".

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 #:	AL030016016
Investigation #:	2026A0469005
Complaint Receipt Date:	03/24/2026
Investigation Initiation Date:	03/27/2026
Report Due Date:	05/23/2026
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 Friesland Haus
Facility Address:	346 West 40th Street Holland, MI 49423
Facility Telephone #:	(616) 394-0302
Original Issuance Date:	03/15/1995
License Status:	REGULAR
Effective Date:	04/06/2024
Expiration Date:	04/05/2026
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

03/24/2026	Special Investigation Intake 2026A0469005
03/27/2026	Special Investigation Initiated - Telephone APS Kathleen Woodworth
03/27/2026	APS Referral APS has an investigation
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 03/24/2026, I received a complaint from the BCHC online complaints stating that this and other facilities on this campus are inadequately staffed. 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 Resident A is in the memory care building and uses a Hoyer lift. The complaint stated residents are running out of medications. The other active

coordinating special investigations for this community include AL030084491_SIR_2026A0469006, AL030006862_SIR_2026A0469007, AL030006859_SIR_2026A0464035, and AL030006860_SIR_2026A0464034.

On 03/27/2026, I interviewed Adult Protective Services (APS) Kathleen Woodworth via telephone. Ms. Woodworth stated she had an APS investigation in one of the buildings in this community and did not have concerns with the care of the resident in her complaint. Ms. Woodworth stated she saw several staff in all the buildings while she completed her onsite investigation.

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 as a result, he believes terminated staff could retaliate 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. Mr. Rash confirmed Resident A previously resided in this facility and used a Hoyer lift. Mr. Rash stated Resident A passed away on 03/30/2026.

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.

Ms. Leavitt interviewed staff Jenna Doornbos, individually. Ms. Doornbos reported that she has noticed, due to lack of staffing, residents are not being cared for as they should. They are waiting for long periods of time to be toileted or changed. Ms. Doornbos reported that there have been many times when she as the med tech, has been the only staff working. When this occurs, she is the only one available to administer medication and provide resident care.

I interviewed direct care workers individually including Melissa Schmall, Maria Kelly, Yessie Alejandro, Brianna Arrendondo, and Aeysha Armijo. 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. I asked Ms. Schmall what her position is. Ms. Schmall stated she is trained as a med tech and a caregiver. Ms. Schmall continued to state that med techs are also trained in caregiving, and during shifts they will be doing both roles no

matter what building staff are working in. I asked Ms. Schmall if there were any residents who require a Hoyer or two-person lift. Ms. Schmall stated Resident A in Friesland Haus requires a Hoyer. Ms. Schmall stated a Hoyer lift requires two staff to safely use with a resident. Ms. Schmall stated Resident A passed away on 03/30/2026. Ms. Schmall stated there are always two staff working for all shifts in Friesland and Zeeland Haus. 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 continued to state 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 where there is a need today. I asked Ms. Kelly if she has observed issues with staffing. Ms. Kelly stated there has been a staffing shortage, and the licensee 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 were 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 are checking in on residents for any toileting or other needs they may have. Ms. Kelly stated that checks are continued every two hours after that or more if a resident needs something more frequently.

I asked Ms. Alejandro what buildings she works in. Ms. Alejandro stated she is typically in Friesland Haus. I asked Ms. Alejandro if there were any residents who require a Hoyer or two-person lift. Ms. Alejandro stated Resident A used a Hoyer lift, however Resident A passed away on 03/30/26. Ms. Alejandro stated there are other residents in other buildings that use a Hoyer. I asked Ms. Alejandro how many staff usually work each shift in Friesland Haus. Ms. Alejandro stated there are always two staff, one med tech and one caregiver. I asked Ms. Alejandro if there were staffing issues. Ms. Alejandro stated that there has been a lot of turnover lately and there are other agency staff helping to cover shifts. Ms. Alejandro stated staffing seems to be getting better.

I asked Ms. Arredondo what buildings she works in. Ms. Arredondo stated she typically works in Friesland or Zeeland Haus but has picked up shifts in all the buildings. Ms. Arredondo has been a med tech and caregiver in all the buildings. I asked Ms. Arredondo if she has observed issues related to there not being enough staff to meet resident needs. Ms. Arredondo stated there have been staffing

difficulties, however this has not affected residents getting their needs met. Ms. Arrendondo stated there have been several staff that left so there have been open shifts to pick up. Ms. Arrendondo stated there are also several new staff hired and getting trained. I asked Ms. Arrendondo if there are residents who require a Hoyer lift or two-person lift in the buildings. Ms. Arrendondo stated Hoyer lifts require two-people to use safely. Ms. Arrendondo stated she has not had any issues with not enough staff for a Hoyer or two-person lift. Ms. Arrendondo stated she has not worked a shift alone, and there is always at least one other direct care staff working with her.

I asked Ms. Armijo how many staff were working in this facility. Ms. Armijo stated she is working with another staff today, and there are typically two staff for Zeeland and Friesland Haus'. Ms. Armijo stated she has worked in other buildings as well but primarily works in Zeeland and Friesland. I asked Ms. Armijo if there were enough staff to assist with Hoyer or two-person lifts. Ms. Armijo stated there are always two staff in Zeeland and two staff in Friesland, however if they need more assistance, they call for additional help with the "walkie" and staff come from another area in the community to assist. I asked how often staff get pulled between the buildings. Ms. Armijo since several staff have left, this is occurring more frequently. Ms. Armijo stated that new staff have been hired but they are not done with training yet. Ms. Armijo stated there are also staff who come from different agencies.

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 stated 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, residents could not be interviewed due to diagnoses of dementia and Alzheimer's.

On 04/22/2026, I reviewed assessment plans for all residents including Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O. Resident B requires "extensive" assistance with mobility, transferring, and bathing. Resident E requires "extensive" assistance within the area of emergency and evacuations. Resident H and I require "extensive" assistance with bathing, toileting, and grooming/hygiene. All residents in this facility have a diagnosis of dementia or Alzheimer's. None of the residents' assessment plans documented a need for a two-person assist or use of an assistive device that would require two people.

On 04/22/20026, I reviewed the staff schedule for February 2026 and March 2026. During 1st and 2nd shift, there were two staff scheduled for 1st shift, 2nd shift, and 3rd

shift. During 3rd shift there were most shifts with two staff assigned to this facility. However, there were some 3rd shifts that had one staff assigned to this facility and a second staff assigned to this facility and Zeeland Haus.

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:	<p>The complaint stated there was not adequate staff for the "community".</p> <p>Administrator Eric Rash, Health and Wellness Director Lexi, staff Kemeisha Tournesy, direct care workers Melissa Schmall, Maria Kelly, Yessie Alejandro, Brianna Arrendondo, and Aeysha Armijo, and Activities Assistant Samantha Bower were interviewed. None reported an issue with inadequate staffing.</p> <p>There have been 15 residents in this facility, until Resident A passed away on 03/30/2026. While reviewing the staff schedule from February 2026 and March 2026, there were two staff scheduled for 1st and 2nd shift. Overnight, there was at least one staff assigned for this facility with either a second staff, or a second staff assigned to cover this facility and Zeeland Haus. There is not evidence for a rule violation.</p>
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 would 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.

While onsite on 03/31/2026, I asked Ms. Arrendondo if there were any times she went to administer medication, and there was a lack of medication for the residents. Ms. Arrendondo stated yes, there have been problems with getting medications refilled so sometimes residents may run out of medication.

While onsite 03/31/2026, I asked Ms. Armijo if there have been an issue with medications not being available to administer to residents. Ms. Armijo stated no.

While onsite on 03/31/2026, I asked if Ms. Bower has observed any issues with a lack of medication for residents. Ms. Bower stated no.

On 04/22/2026, I reviewed the Medication Administration Record (MAR) for February 2026 and March 2026 for Resident D, E, G, I, and O.

- Resident D's MAR documented:
 - o On 02/15/2026 the 8:00pm dose of Nystatin POW is drug not available.
 - o On 02/22/2026 the 8:00pm dose of Nystatin POW is other.
 - o On 02/26/2026 the 8:00am dose of Nystatin POW is other.
 - o On 03/01/2026, 03/03/2026, 03/05/2026, 03/06/2026, 03/08/2026, 03/09/2026, 03/10/2026, 03/12/2026, and 03/16/2026 the 7:00am dose of Levothyroxin 75mcg is other.
 - o On 03/10/2026 the 8:00am dose of Nystatin POW is other.
 - o On 03/17/2026 the 8:00am dose of Nystatin POW is charting error.
 - o On 03/15/2026 the 8:00pm dose of Nystatin POW is other.
 - o On 03/24/2026 the 8:00am dose of Nystatin POW is other.

- Resident E's MAR documented:
 - o On 02/12/2026 the 8:00pm dose of Latanoprost Sol 0.005% is drug not given.
 - o On 02/22/2026 the 8:00pm dose of Latanoprost Sol 0.005% is other.
 - o On 02/26/2026 the 8:00am dose of Multivitamin is other.
 - o On 02/12/2026 the 8:00pm dose of Trazodone 150mg is drug not given.
 - o On 02/22/2026 the 8:00pm dose of Trazodone 150mg is other.
 - o On 03/17/2026 the 8:00am dose of Multivitamin and Tamsulosin 0.4mg is charting error.

- On 03/18/2026 the 8:00pm dose of Latanoprost Sol 0.005% is other.
 - On 03/18/2026 and 03/19/2026 the 8:00pm dose of Trazodone 50mg is other.
- Resident I's MAR documented:
- On 02/01/2026, 02/03/2026, 02/05/2026, 02/14/2026, 02/15/2026, 02/16/2026, 02/18/2026, 02/19/2026, and 02/26/2026 for the 4:00pm dose of Bupropion 100mg are other.
 - On 02/05/2026, 02/06/2026, 02/15/2026, 02/21/2026, 02/22/2026, and 02/26/2026 the 8:00pm dose of Bupropion 100mg is other.
 - On 02/08/2026 and 02/22/2026 the 8:00pm dose for Memantine HCL 5mg and Metformin 500mg are other.
 - On 02/12/2026 the 8:00pm dose for Memantine HCL 5mg and Metformin 500mg are drug not given.
 - On 02/22/2026 the 8:00pm dose for Nitrofurantn 100mg is other.
 - On 02/23/2026 the 8:00pm dose for Nitrofurantn 100mg is drug not available.
 - On 02/24/2026 the 8:00am dose for Nitrofurantn 100mg is drug not available.
 - On 02/26/2026 the AM dose for Divalproex 500mg is blank.
 - On 03/17/2026 the 8:00am dose for Bupropion 100mg, Irbesartan 150mg, Memantine HCL 5mg, Metformin, Pioglitazone 15mg, Venlafaxine 150mg ER, and Vitamin B-12 100mcg, and Vitamin D3 35mcg are charting error.
- Resident O's MAR documented:
- On 02/01/2026, 02/10/2026, 02/16/2026, and 02/26/2026 the 8:00am dose for Lisinopril 5mg is other.
 - On 02/08/2026 the 8:00pm dose for Quetiapine 25mg is blank.
 - On 02/11/2026 and 02/12/2026 the 8:00pm dose for Quetiapine 35mg is other.
 - On 03/02/2026, 03/04/2026, 03/05/2026, and 03/06/2026 the 8:00am dose for Lisinopril 5mg is drug not available.
 - On 03/03/2026 the 8:00am dose for Lisinopril 5mg is other.
 - On 03/17/2026 the 8:00am dose of Lisinopril 5mg is charting error.
 - On 03/10/2026, 03/24/2026, and 03/28/2026 the 8:00am dose of Lisinopril 5mg is other.
 - On 03/12/2026 and 03/15/2026 the 8:00pm dose of Quetiapine 25mg is other.
 - On 03/24/2026 and 03/28/2026 the 8:00am dose of Quetiapine 25mg is other.

On 04/23/2026, I emailed Mr. Rash requesting clarification for when staff would use "other" or "charting error" 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. 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, 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:	<p>A complaint was received indicating there were issues related to the medication supply and residents not receiving medications timely.</p> <p>While staff interviews were mixed whether there were issues with medication supply or not the MAR for February 2026 and March 2026 for Resident D, E, G, I, and O had notations for multiple days where the drug was not available. Resident I had a notation for two medications that were not given on 02/12/2026. The MAR for Resident I had a blank spot for a medication on 02/26/2026. The MAR for Resident O had a blank spot for a medication on 02/08/2026. The MAR for Resident D, E, G, I, and O also had several medications as other, which from the explanation provided by the facility, would indicate these medications may have been administered late. Therefore, there is evidence for a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Resident A’s assessment plan did not reflect the need for a Hoyer as an assistive device.

INVESTIGATION: While reviewing Resident A’s assessment plan, there was no documentation indicating that a Hoyer lift was needed. Resident A’s assessment plan did not note any need for an assistive device. However, during interviews with Mr. Rash, Ms. Schmall, and Ms. Alejandro, all three stated that Resident A required a Hoyer.

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 400.673	Use of assistive devices, therapeutic support.
	(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.
ANALYSIS:	<p>There was no documentation in Resident A's assessment plan indicating that a Hoyer was needed. Resident A's assessment plan did not note any need for an assistive device.</p> <p>While reviewing Resident A's assessment plan, there was no documentation indicating that a Hoyer was needed or used as an assistive device. However, during interviews with Mr. Rash, Ms. Schmall, and Ms. Alejandro, all three stated that Resident A required a Hoyer.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Assessment plans for Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N and O did not have required signatures.

INVESTIGATION: While reviewing the assessment plans for Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N and O, it was noted that 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 assessment plans for residents that were completed on the LARA Assessment Plan (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 on 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 included in a resident assessment plan and have the required signatures from the resident or resident's guardian and the licensee or licensee

