GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 27, 2026

Lynda Sallee
The Cortland Holland Meadows
445 104th Avenue
Holland, MI 49423

RE: License #: AH700397994
Investigation #: 2026A1021052
The Cortland Holland Meadows

Dear Lynda Sallee:

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 feel free to 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 (517) 335-5985.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH700397994
Investigation #:	2026A1021052
Complaint Receipt Date:	07/29/2026
Investigation Initiation Date:	08/03/2026
Report Due Date:	09/29/2026
Licensee Name:	AHR Holland MI TRS Sub, LLC
Licensee Address:	Ste 300 18191 Von Karman Ave Irvine, CA 92612
Licensee Telephone #:	(949) 270-9200
Administrator:	Maegan Garlock
Authorized Representative:	Lynda Sallee
Name of Facility:	The Cortland Holland Meadows
Facility Address:	445 104th Avenue Holland, MI 49423
Facility Telephone #:	(616) 795-9693
Original Issuance Date:	06/04/2020
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility had inadequate staff on 07/26/2026.	Yes
Additional Findings	No

III. METHODOLOGY

07/29/2026	Special Investigation Intake 2026A1021051
08/03/2026	Special Investigation Initiated – Letter Requested information from authorized representative
08/10/2026	Contact-Telephone call made Interviewed authorized representative
08/10/2026	Contact - Document Received received additional documents
08/27/2026	Exit Conference

ALLEGATION:

Facility had inadequate staff on 07/26/2026.

INVESTIGATION:

On 07/29/2026, the licensing department received an anonymous complaint with allegations that the facility had inadequate staff on 07/26/2026. The complainant alleged that the facility was short on first shift. The complainant alleged the medication technician was unable to administer medications on time due to lack of staff. The complainant alleged that the administrator worked the floor but was not trained in caregiver tasks. The complainant alleged that on second shift, the facility had activity staff responsible for caregiving, yet they are not trained in caregiving tasks.

On 08/10/2026, I interviewed the authorized representative Lynda Sallee by telephone. The authorized representative reported that there has been management change at the facility and many scheduling changes have occurred. The authorized representative reported that there are to be four employees on first and second shift and at least two employees on third shift. The authorized representative reported

that on 07/26/2026, the administrator did work on the floor, and she believes the administrator reported sometime around 0900. The authorized representative reported that the administrator has 20+ years in the industry and is well trained in caregiving tasks. The authorized representative reported that on second shift, the facility did utilize a staffing agency. The authorized representative reported that in memory care, an activity aid did work the floor, but the aid has been trained in caregiving tasks.

I reviewed the staff schedule for 07/26/2026. The schedule revealed that on first shift at 6:00-9:00am there were only two staff members that worked on the floor. Then from 9:00am to 2pm, the administrator worked on the floor bringing the staffing level to three. The schedule revealed that on second shift at 5:00pm-10:00pm there were only two staff members that worked on the floor.

On 08/10/2026, I received caregiver training for the activity personnel. The training revealed the activity personnel were trained in caregiving tasks.

I reviewed the *No Pass Med Report* for 07/26/2026. The report revealed that there were four instances in which medications were not passed due to the administration being outside the time frame.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews conducted and review of documentation revealed that on 07/26/2026, the facility worked below their staffing ratios.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

08/12/2026

Kimberly Horst — Date
Licensing Staff

Approved By:

08/27/2026

Andrea L. Moore, Manager — Date
Long-Term-Care State Licensing Section