

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 22, 2021

Christopher Trevathan AH Holland Subtenant LLC 6755 Telegraph Rd Ste 330 Bloomfield Hills, MI 48301

RE: License #: AL700397732

AHSL Holland Boardwalk 11909 James Street Holland, MI 49423

Dear Mr. Trevathan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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,

Grant Sutton, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

(616) 916-4437

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

I. IDENTIFYING INFORMATION

License #: AL700397732

Licensee Name: AH Holland Subtenant LLC

Licensee Address: One SeaGate, Suite 1500

Toledo, OH 43604

Licensee Telephone #: (248) 203-1800

Licensee/Licensee Designee: Christopher Trevathan, Designee

Administrator: Christopher Trevathan

Name of Facility: AHSL Holland Boardwalk

Facility Address: 11909 James Street

Holland, MI 49423

Facility Telephone #: (616) 393-2174

Original Issuance Date: 02/20/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		07/01/2021	
Date of Bureau of Fire Services Inspection if applicable: 10/14/2020			
Date of Health Authority Inspection if applicable: N/A			
Inspection Type:	☐ Interview and Obe	servation	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: wellness director			
Medication pass / simu	ulated 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. 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 			
	compliance verified?	Yes 🗌	CAP date/s and rule/s:
Number of excluded e	mployees followed-up	?	N/A ⊠
Variances? Yes ☐ (p)	lease explain) No 🗌	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

Following the inspection, I conducted an exit conference with the licensee designee, Christopher Trevathan. Mr. Trevathan concurred with the findings of my inspection.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

07/22/2021

Grant Sutton

Date

Licensing Consultant