



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 31, 2022

David Ferreri  
AH Holland Subtenant LLC  
6755 Telegraph Rd Ste 330  
Bloomfield Hills, MI 48301

RE: License #: AL700397724  
Investigation #: 2023A0467004  
AHSL Holland Lakeshore

Dear Mr. Ferreri:

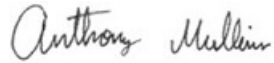
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, 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**

<b>License #:</b>	AL700397724
<b>Investigation #:</b>	2023A0467004
<b>Complaint Receipt Date:</b>	10/17/2022
<b>Investigation Initiation Date:</b>	10/17/2022
<b>Report Due Date:</b>	12/16/2022
<b>Licensee Name:</b>	AH Holland Subtenant LLC
<b>Licensee Address:</b>	One SeaGate, Suite 1500 Toledo, OH 43604
<b>Licensee Telephone #:</b>	(248) 203-1800
<b>Administrator:</b>	David Ferreri
<b>Licensee Designee:</b>	David Ferreri
<b>Name of Facility:</b>	AHSL Holland Lakeshore
<b>Facility Address:</b>	11911 James Street Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 393-2174
<b>Original Issuance Date:</b>	03/21/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/21/2021
<b>Expiration Date:</b>	09/20/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility is not staffed appropriately to address the residents' needs, including answering their call lights	Yes

## III. METHODOLOGY

10/17/2022	Special Investigation Intake 2023A0467004
10/17/2022	Special Investigation Initiated - Telephone
10/17/2022	APS Referral Complaint received from Ottawa County APS worker, Erin Wallace.
10/18/2022	Inspection Completed On-site
10/18/2022	Contact - Document Received Received Resident A, B, and C's assessment plan via email from Ms. Scott.
10/18/2022	Contact – Document Received Received staff schedules from 8/1/22 through present from Mr. Ferreri.
10/19/2022	Contact – Telephone call made Spoke to Ms. Wallace with APS.
10/21/2022	Contact – Document Received Received ATC Healthcare Services, LLC Agency staff schedule from Mr. Ferreri.
10/31/2022	An exit conference was completed with licensee designee, David Ferreri.

**ALLEGATION:** The facility is not staffed appropriately to address residents' needs, including answering their call lights.

**INVESTIGATION:** On 10/17/22, I received a complaint from Ottawa County Adult Protective Services (APS) worker, Erin Wallace. The complaint alleged that the facility is not staffed appropriately, leaving one staff member to, "care for 30

residents in the facility.” It was also alleged that residents are urinating themselves due to not receiving assistance out of bed.

On 10/17/22, I spoke to Erin Wallace with APS. Ms. Wallace stated that she plans to go to the facility tomorrow afternoon to address the complaint. I explained to Ms. Wallace that I would complete an unannounced onsite investigation to the facility tomorrow morning and follow-up with her afterwards.

On 10/18/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to the facility wellness director, Shawn Scott. It should be noted that the executive director, David Ferreri was in a separate meeting during my onsite investigation. Ms. Scott stated that AHSL Lakeshore facility currently has a census of 16 residents and two are away at rehab. Ms. Scott confirmed that Resident A has been in rehab since 09/27/22 and Resident B has been in rehab since 10/1/22. Ms. Scott stated that campus wide, there is a staffing crisis withing AHSL. However, there is not a staffing crisis in the Lakeshore facility. Ms. Scott stated that most of the residents in Lakeshore are independent with their care needs or require a 1 person assist. Ms. Scott denied Lakeshore facility having any residents that require a 2-person assist. Ms. Scott stated that if residents were to require a 2-person assist, they would be transferred to a different facility to accommodate their needs. Ms. Scott agreed to send me a copy of the staffing schedule from September 2022 through present.

I asked Ms. Scott is she was aware of any residents urinating themselves due to not receiving assistance after pulling their call light. Ms. Scott denied any knowledge of any residents urinating themselves due to staff not answering a call light. Ms. Scott did acknowledge that sometime last week Resident C and her daughter told her that the night prior, she pulled her call light and never received a response from staff. Due to not receiving a response from staff, Resident C reportedly went to the desk to get help and stated that she did not see any staff. This caused Resident C to return to her room and undo the call light. Ms. Scott stated that she instructed Resident C to never turn off her call light to ensure that she receives assistance. Ms. Scott also provided Resident C with her business card and told her to call her if needed.

Ms. Scott confirmed that in the last three weeks, staff have left one building to help at other buildings. Ms. Scott stated that the campus is struggling to staff enough medication techs (MedTech's). Ms. Scott stated that she has passed medication at times, including yesterday at Baypointe and Beechside facilities due to the lack of MedTech's. Ms. Scott was adamant that the facilities still had enough Resident Assistant's (RA's) to be in compliance with licensing rules. However, the two buildings needed someone to pass medications. Ms. Scott stated that MedTech's can function as RA's but RA's can't function as MedTech's. Prior to concluding this interview with Ms. Scott, she agreed to send me assessment plans for Resident C, Resident D, and Resident E.

After speaking to Ms. Scott, I spoke to Resident C in her room. Resident C stated that she has lived in the facility since June 2022. Resident C stated that when she first arrived at the facility, she needed assistance getting dressed due to having rotator cuff surgery. Resident C stated, "at first, things were good. I got good attention," referring to staff addressing her needs. Resident C is no longer in need of assistance to get dressed since recovering from her surgery.

Despite no longer needing assistance to get dressed, Resident C stated that there has been a decline in the quality of care from staff. Resident C explained that there was incident within the last two weeks when she pulled her call light, and no one answered her. This caused Resident C to walk to the front desk to seek assistance. However, there were no staff at the desk. Resident C stated that she came back to her room and turned off her call light. Resident C stated that this incident caused her to be upset. Resident C stated, "I could have been having a heart attack and there wouldn't have been anyone to intervene." Except for this incident, Resident C stated that the longest she's waited to receive assistance after pulling her call light has been 15 minutes, which she feels is appropriate considering the number of residents in the facility.

Resident C denied that she has ever urinated herself due to staff not responding to her call light. Regarding staffing, Resident C stated that there have been times that she has only seen one staff member working behind the desk. She added that this did not mean that there weren't other staff working within the building. Resident C stated she was pleased that the State of Michigan is following up on concerns within AFC/assisted living homes. This interview concluded.

After speaking to Resident C, I spoke to Resident D in her room. Resident D stated that she has lived at the facility since December 2022. Resident D stated that she has had issues with no one coming to assist her after pulling her call light. Resident D stated that she pulls her call light at 9:30 pm every night for assistance in getting her legs on her bed. Resident D stated that there was recently an incident when she pulled her call light at 9:30 pm as she always does and she waited an hour prior to staff helping her. Resident D stated that waiting an hour to receive assistance from staff was unusual. Resident D was unable to give a more specific time frame as to when this occurred.

Resident D stated that the facility is having issues getting people to work, which causes them to use agency staff members. Resident D stated that she feels the agency staff members do a great job. The only staffing issue that Resident D is aware of is when staff don't show up to their scheduled shift, which she stated happens occasionally. Resident D stated that she is independent with her needs such as using the bathroom. Resident D denied that she has ever urinated herself due to staff not responding to her call light in time. Resident D was thanked for her time as this interview concluded.

After speaking to Resident D, I spoke to Resident E. Resident E was unable to recall how long she has been at the facility. Resident E spoke highly of the facility and her care while living there. Resident E stated, "this is a nice place. I enjoy it very much." Resident E stated that she is independent in her care needs, and she's never Needed to use her call light for anything. Resident E stated, "if I want something, I call and they come. They're willing and ready all day." Resident E denied any concerns while living in the facility. She was thanked for her time as this interview concluded.

After speaking to Resident E, I spoke to the executive director/licensee designee, David Ferreri regarding the reported staffing issue. Mr. Ferreri stated that he has set up an employee/student committee to address/resolve issues with staffing at AHSL Holland. While working with the committee, Mr. Ferreri stated that a wide array of issues were mentioned related to staffing. Mr. Ferreri stated that the AHSL Holland staffing issue is related to ongoing call-offs from both internal and agency staff. Mr. Ferreri stated that there have been times when three or four people call-off in the same day. Mr. Ferreri stated that he has had people scheduled to work shifts to make sure they're in compliance with licensing rules, but the calls-offs make it difficult for everyone. Mr. Ferreri also shared that AHSL Holland will use management staff to fill-in when needed. In an attempt to address the reported concerns, Mr. Ferreri stated that he eliminated second shift and replaced it with two 12-hour shifts. AHSL Holland has also received help from Ottawa County due to a recent covid outbreak. Mr. Ferreri stated that AHSL Holland has also implemented a bonus program, which gives employees an additional \$150 dollars per week to show up for their scheduled shifts. I made Mr. Ferreri aware of the requested items I needed, including staff schedules and he agreed to assist in sending me the requested documents.

On 10/18/22, wellness director Ms. Scott sent me Resident C, D and E's assessment plans as requested. All three assessments plans were reviewed and confirmed that Resident C and E do not require two-person assists for any of their care needs. However, Resident D's assessment plan indicates that she requires "extensive assistance including two-person assistance to safely transfer."

On 10/18/22, executive director Mr. Ferreri sent me the staff schedules from 8/1/22 to present as requested. Lakeshores staff schedules are separated by each month below:

#### **August 2022 Schedule:**

8/1/22: There was one staff member scheduled to work from 9:30 am to 6:30 pm.

8/2/22: There was one staff member scheduled to work from 10:30 pm to 6:30 am.

8/6/22: There was one staff member scheduled to work from 11:00 pm to 6:30 am.

8/7/22: There was one staff member scheduled to work from 11:00 pm to 6:30 am.

8/9/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm.

8/10/22: There was one staff member scheduled to work from 7:00 pm to 6:30 pm.

8/12/22: There was one staff member scheduled to work from 12:00 am to 6:30 am.

8/13/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm.

8/15/22: There was one staff member scheduled to work from 7:00 pm to 4:00 pm.

8/17/22: There was one staff member scheduled to work from 7:00 pm to 12:30 pm the next day.

8/18/22: There was no one scheduled to work from 12:30 pm to 6:30 pm.

8/19/22: There was one person scheduled to work from 11:15 pm to 6:30 am the next day.

8/20/22: there was one person scheduled to work from 7:00 pm to 11:00 pm

8/21/22: There were no staff scheduled to work from 11:00 pm to 6:30 am the following day.

8/24/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

8/29/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

8/30/22: There was one staff member scheduled to work 10:00 pm to 6:30 am the following day.

8/31/22: There was one staff member scheduled to work from 10:00 pm to 6:30 am the following day.

### **September 2022 Schedule:**

9/3/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm.

9/4/22: There was one staff member scheduled to work from 7:00 am until 6:30 pm.

9/5/22: There was one staff member scheduled to work from 11:00 pm until 6:30 pm.

9/8/22: There was one staff member scheduled to work from 11:00 pm until 6:30 am the following day.

9/10/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm.



9/11/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm and 11:00 pm to 6:30 am the following day.

9/12/22: There was one staff member scheduled to work from 7:00 pm until 3:00 pm the following day.

9/13/22: There were no staff scheduled to work from 3:00 pm until 6:30 pm. There was one staff member scheduled to work from 11:00 pm to 6:30 am the following day.

9/14/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

9/15/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

9/17/22: There was one staff member scheduled to work from 3:00 pm to 6:45 am the following day.

9/18/22: There was one staff member scheduled to work from 3:00 pm to 6:30 am the following day.

9/22/22: There was one staff member scheduled to work from 7:00 am to 6:30 am the following day.

9/24/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

9/25/22: There was one staff member scheduled to work from 7:00 am to 6:30 pm.

### **October 2022 Schedule:**

10/2/22: There was one staff member scheduled to work from 7:00 pm to 6:30 pm the following day.

10/5/22: There was one staff member scheduled to work from 7:00 pm to 6:30 am the following day.

10/13/22: There was one staff member scheduled to work from 3:00 pm to 6:30 pm.

The staff schedule summarized above indicates that there have been multiple days each month when the facility operated without the appropriate number of staff members. Mr. Ferreri indicated that the staff schedule does not reflect when management, such as wellness director Ms. Scott is working on the floor. Mr. Ferreri also submitted a call-off report to show that staff called-off or no-call/no-showed for

work on several days, making it difficult for the facility to be appropriately staff. Some of the days on the call-off report did correlate with the open shifts from August to October 2022. However, there were also days that there were no call-offs documented and the facility still did not have enough staff present.

On 10/19/22, I spoke to Ms. Wallace with APS. Ms. Wallace stated she spoke to three different residents, all of whom denied any concerns of urinating themselves due to the lack of staff assistance after pulling their call light. Regarding staffing issues, Resident F stated that the facility was left unattended on Easter 2022 (April 17, 2022) and she had to call another building to have staff sent to the facility.

On 10/21/22, Mr. Ferreri emailed me a copy of ATC Healthcare Services, LLC staff schedule. Mr. Ferreri stated that the schedule includes completed shifts and does not show shifts canceled based on agency employee call-offs. Mr. Ferreri stated that the agreement with ATC Healthcare Services was to start on 09/29/22 and to provide two aides and one MedTech for both shifts.

On 10/31/22, I conducted an exit conference with licensee designee, Mr. Ferreri. He was informed of the investigative findings and we discussed the citation in detail. Mr. Ferreri and I reviewed a completed shift schedule that he previously sent me, which documented that several agency staff members worked on the days in question. However, the completed shift schedule does not specify which facility the staff members worked in, making it difficult to confirm which staff members worked in Lakeshore facility as opposed to the other five facilities located on the same campus. We discussed the importance of having this information be more specific to rule out any misunderstanding. Mr. Ferreri agreed to complete a corrective action plan within 15 days of receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	Wellness Director Ms. Scott denied having any residents that require a two-person assist. However, Resident D's assessment plan stated that she requires two-person assist to safely transfer. Therefore, two staff members are required to always be on shift.  Executive Director Mr. Ferreri acknowledged staffing challenges at the facility. Mr. Ferreri and management have taken action to address the issue, however, the facility continues to struggle

	<p>with staffing. Mr. Ferreri stated that management staff help on the floor when needed. However, there is no documentation to verify this.</p> <p>It should also be noted that Resident C requested assistance from staff by pulling her call light and she never received a response. Resident C went to the front desk to address her concern and there were no staff available to assist her. Ms. Scott acknowledged that Resident C relayed this information to her.</p> <p>The staff schedule from 8/1/22 through 10/18/22 indicates that there were more than 36 shifts understaffed. Therefore, there is a preponderance of evidence to support the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Anthony Mullins*

10/31/2022

---

Anthony Mullins  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

10/31/2022

---

Jerry Hendrick  
Area Manager

Date