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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 8, 2023

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

RE: License #: AL700397724
Investigation #: 2023A0467027
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

License #:	AL700397724
Investigation #:	2023A0467027
Complaint Receipt Date:	12/22/2022
Investigation Initiation Date:	12/22/2022
Report Due Date:	02/20/2023
Licensee Name:	AH Holland Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500 Toledo, OH 43604
Licensee Telephone #:	(248) 203-1800
Administrator:	David Ferreri
Licensee Designee:	David Ferreri
Name of Facility:	AHSL Holland Lakeshore
Facility Address:	11911 James Street Holland, MI 49423
Facility Telephone #:	(616) 393-2174
Original Issuance Date:	03/21/2019
License Status:	REGULAR
Effective Date:	09/21/2021
Expiration Date:	09/20/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Residents are left unattended without staff in the building.	No
Staff members are verbally abusive towards residents.	No
Somedays, residents receive their medications late or not at all.	Yes

III. METHODOLOGY

12/22/2022	Special Investigation Intake 2023A0467027
12/22/2022	Special Investigation Initiated - On Site
12/22/2022	APS Referral Received this complaint from APS.
02/07/2023	Exit conference completed with licensee designee, David Ferreri.

ALLEGATION: Residents are left unattended with no staff in the building.

INVESTIGATION: On 12/12/22, I received a denied Adult Protective Services (APS) complaint from the BCAL online complaint system. The complaint stated that residents are left unattended in the building without staff.

On 12/22/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to licensee designee, David Ferreri and assistant wellness director, Kerrie Flores. Mr. Ferreri and Ms. Flores both denied residents being left unattended in the building. Both Mr. Ferreri and Ms. Flores were adamant that AHSL Holland Lakeshore has been in compliance with licensing staffing rules. In fact, Ms. Flores has overstaffed the facility to make sure that staffing is more than adequate at each of the AHSL Holland facilities.

Ms. Flores provided me with the December 2022 staffing schedule, which confirmed that there has been at least two people scheduled on each shift. The complaint also mentioned the kitchen staff being short. Mr. Ferreri stated that the Resident Assistants (RA's) will plate food when the facility does not have enough kitchen staff. Despite this, the facility still has at least 2 staff members working in the building. Mr. Ferreri stated he was "shocked" about the allegation as he has reportedly spoken to all the residents and their families in the buildings and no one has listed this concern to him.

After speaking to Mr. Ferreri and Ms. Flores, I spoke to Resident A in his room.

Resident A stated that he has lived at the home for a couple of months and things are going well for him. Resident A's only complaint is that he feels the beds are too low to the floor and he does not like how the mattresses feel. Resident A stated otherwise, "everything is fine." Resident A stated that staff are always available to help him out when needed. When he first came to the AFC facility, Resident A stated that he required assistance with showering, to which the staff did. Resident A is now more independent and able to do most things on his own. If there is ever a time that he needs assistance, Resident A was adamant that staff are available. He denied any knowledge of residents being in the building without staff. Resident A was thanked for his time.

After speaking to Resident A, I spoke to Resident B in her room. Resident B stated that she has been at the home for the past year and-a-half and things are "going okay. I can't complain." Resident B denied any concerns with staffing at the facility. Resident B stated that staff at AHSL Lakeshore assist her with a shower "but a lot of it I do myself." Resident B stated that staff are always there for her when needed. Resident B was thanked for her time.

After speaking to Resident B, I spoke to Resident C in her room. Resident C stated that she has been at the facility since May 2022 and things are going "fine." Resident C denied any concerns with staffing and confirmed that all her needs are being met. Resident C was thanked for her time.

On 02/07/23, I conducted an exit conference with licensee designee, David Ferreri. He was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Mr. Ferreri and Ms. Flores both denied residents being left in the facility unattended. Ms. Flores provided me with a staff schedule for the month of December, which confirmed that the facility had at least two staff members scheduled to work each shift. Resident A, B and C each denied any concerns related to staffing or residents being left unattended. Therefore, there is not a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff members are verbally abusive towards residents.

INVESTIGATION: On 12/22/22, I received a denied APS complaint from the BCAL online complaint system stating that “temporary employees”, such as agency staff members are verbally abusive to residents.

On 12/22/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to Resident A in his room. Resident A adamantly denied any staff members being mean, rude, or disrespectful to him or others.

After speaking to Resident A, I spoke to Resident B. Resident B denied any of the facility staff members being rude or disrespectful to her or others. I then spoke to Resident C. Resident C also denied any facility staff members being rude or disrespectful to her or other residents. It should be noted that the allegation did not specify the names of residents that staff were being rude to. The allegation also did not specify the names of the agency staff members that were reportedly being rude to residents.

On 02/07/23, I conducted an exit conference with licensee designee, David Ferreri. He was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Resident A, B and C all denied facility staff members being mean, rude, or disrespectful to them. Therefore, there is not a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Somedays, residents receive their medications late or not at all.

INVESTIGATION: On 12/22/22, I received a denied APS complaint from the BCAL online complaint system stating that someday, residents receive their medication late or not at all.

On 12/22/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to Resident A, Resident B, and Resident C regarding the allegation. Resident A stated that he receives his medications on time daily. Resident B stated,

“most of the time” she receives her medication on time as scheduled. Resident B stated that sometimes, staff take longer than an hour to pass her medications, “but they do well most of the time.” Resident C stated that all of her needs are being met, including receiving her medication on time. All three residents were thanked for their time.

Prior to concluding my onsite investigation, the wellness director, Ms. Shawn Scott provided me with a copy of all three residents December 2022 MAR per my request. Resident A’s MAR as reviewed and indicated that he did not receive the following medications: Calcium CITR Tab 950 on 12/8/22 at 5:00 pm and 12/14/22 at 8:00 am due to the medications “not in cart.” Simvastatin Tab 10MG on 12/2/22 and 12/4/22 at 8:00 pm due to medications not being in cart and not available. Lotepredno/ Etabonate 0.5% on 12/4/22 at 8:00 am due to medication not being in the cart. Fluticasone Prop 50 MCG SPR on 12/9/22 due to medication not being in cart. Carbid/Levo Tab 25/100MG on 12/2/22 at 12:00 pm due to “resident went out of facility with family.”

Resident B’s MAR was reviewed and indicated that on 12/5/22, Resident B did not receive her 8:00 am Venlafaxine ER Tab 37.5MG medication due to “DNA” or drug not available. The MAR indicated that the staff member contacted the pharmacy because of the medication being unavailable.

Resident C’s MAR was reviewed and indicated that she did not receive the following medications: Tramadol 50MG on 12/19/22 at 8:00 am due to being “out”, 12/20/22 at 8:00 am due to the medication being “N/A” and 12/21/22 at 5:00 pm due to medication being “delivered after this dose was due.” Docusate Sod Cap 100mg on 12/6/22 at 8:00 am, 12/3/22 at 5:00 pm, and 12/1/22 at 8:00 am due to the medication not being available and the pharmacy was contacted.

On 02/07/23, I conducted an exit conference with licensee designee, David Ferreri. He was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Resident A and Resident C both stated that they receive their medications daily and denied any concerns related to their medications. Resident B stated sometimes staff will take longer than an hour to pass her medications. She added that, “most of the time she receives her medications on time as scheduled.”

	<p>I reviewed all three residents MAR for December 2022 and confirmed that each resident missed at least one medication due to the facility being out of the medication. Resident A and C missed at least 6 doses of medication due to the facility not having the meds on cart.</p> <p>Regardless as to why a medication is not available on the cart, it is the responsibility of the AFC staff to ensure that all medications are readily available to prevent residents from missing scheduled doses. Therefore, there is a preponderance of evidence to support the allegations.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

02/07/2023

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/08/2023

Jerry Hendrick
Area Manager

Date