



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2024

Meridee Watt
AH Holland Subtenant LLC
Ste 1600
1 Towne Sq
Southfield, MI 48076

RE: License #: AL700397726
Investigation #: 2024A0467055
AHSL Holland Bay Pointe

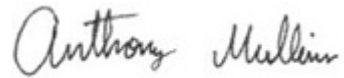
Dear Mrs. Watt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 #:	AL700397726
Investigation #:	2024A0467055
Complaint Receipt Date:	08/16/2024
Investigation Initiation Date:	08/20/2024
Report Due Date:	10/15/2024
Licensee Name:	AH Holland Subtenant LLC
Licensee Address:	Ste 1600, 1 Towne Sq Southfield, MI 48076
Licensee Telephone #:	(616) 283-9221
Administrator:	Meridee Watt
Licensee Designee:	Meridee Watt
Name of Facility:	AHSL Holland Bay Pointe
Facility Address:	11899 James Street Holland, MI 49423
Facility Telephone #:	(616) 393-2174
Original Issuance Date:	04/08/2019
License Status:	REGULAR
Effective Date:	10/08/2023
Expiration Date:	10/07/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is inadequately staffed. There is only one staff member working on 3 rd shift despite having residents that require a two-person assist.	Yes

III. METHODOLOGY

08/16/2024	Special Investigation Intake 2024A0467055
08/20/2024	Special Investigation Initiated - On Site
08/20/2024	Exit conference with licensee designee, Meridee Watt
08/26/2024	APS Referral

ALLEGATION: The facility is inadequately staffed. There is only one staff member working on 3rd shift despite having residents that require a two-person assist.

INVESTIGATION: On 8/19/24, I received a BCAL online complaint stating that the facility is staffed with only one person at night, despite having residents that require a two-person assist. The complaint also stated that the building is left unattended if another facility needs assistance.

On 8/20/24, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to licensee designee, Meridee Watt regarding the allegation. Mrs. Watt stated that the facility currently has nine residents, none of whom require a two-person assist. Mrs. Watt stated that the facility has two shifts, which are from 7:00 am to 7:00 pm, and 7:00 pm to 7:00 am. Mrs. Watt stated that the facility always has two staff members during first shift, and one staff member on second shift due to the census and residents' needs.

Mrs. Watt stated that she believes the complaint was filed due to staff being held accountable for their jobs. Mrs. Watt stated decisions were made to remove staff from nightshift due to the change in census over the last month. Mrs. Watt stated that there were 17 discharges campus-wide within the last month, most of which were expected due to residents being on hospice.

Due to the allegations alleged, Mrs. Watt provided me with copies of the nine residents' assessment plan. All nine assessment plans were reviewed and revealed that three of the nine residents require a two-person assist. Resident A, Resident B, and Resident C's assessment plans all states, "Resident requires extensive

assistance including two-person assistance to safely transfer.” Ms. Watt also provided me with copies of the staff schedule from 8/1/24 through 8/20/24. I reviewed the staff schedule and confirmed that the facility had one staff member working second shift on the following days: 8/6/24 through 8/10/24, 8/12/24 through 8/14/24, and 8/18/24 (after 11:00 pm).

On 8/20/24, I conducted an exit conference via phone with licensee designee, Meridee Watt. She was informed of the investigative findings and aware that effective immediately, each shift needs to have at least two staff members working to meet the residents’ needs. Mrs. Watt stated that she would address this immediately. Mrs. Watt also denied any knowledge of her staff members leaving the building unattended at any time.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(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.
ANALYSIS:	Three residents require a two-person assist with transfers, and the facility was operating with only one staff member for several days during the month of August. Therefore, there is a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Anthony Mullins

09/03/2024

Anthony Mullins, Licensing Consultant Date

Approved By:

Jerry Hendrick

09/03/2024

Jerry Hendrick, Area Manager Date

