



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2025

Christina Cotton  
LakeHouse Coldwater  
150 N. Shore Drive  
Coldwater, MI 49036

RE: License #: AH120378302  
**LakeHouse Coldwater**  
**150 N. Shore Drive**  
**Coldwater, MI 49036**

Dear Christina Cotton:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH120378302
<b>Licensee Name:</b>	Coldwater AL LLC
<b>Licensee Address:</b>	150 North Shore Drive Coldwater, MI 49036
<b>Licensee Telephone #:</b>	(646) 844-3600
<b>Authorized Representative:</b>	Christina Cotton
<b>Administrator:</b>	Tricia Weissmann
<b>Name of Facility:</b>	LakeHouse Coldwater
<b>Facility Address:</b>	150 N. Shore Drive Coldwater, MI 49036
<b>Facility Telephone #:</b>	(517) 278-6805
<b>Original Issuance Date:</b>	12/14/2016
<b>Capacity:</b>	89
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 02/12/2025

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</b>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Tramadol HCL 1000mg with instruction to administer one tablet by mouth three times a day for pain. Review of the MAR revealed Resident A received this medication four times on 01/09/2025.</p> <p>In addition, review of Resident A's MAR revealed Resident A was prescribed Lorazepam 0.5mg with instruction to administer one tablet by mouth every four hours as needed for anxiety or shortness of breath. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident B.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(v) The initials of the individual who administered the prescribed medication.</b></p>
<p>Review of Resident A's MAR revealed Resident A was prescribed Ipra 0.5mg Neb Sol with instruction to administer one vial via nebulizer four times a day. Review of the MAR revealed staff did not initial that Resident A received this medication on 01/05/2025 at midday.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
<p>Inspection of the facility kitchen revealed that the freezer contained items that were opened, unsealed, and were not dated (including but not limited to French</p>	

fries, cherries, carrots, and other items).

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Kimberly Host*

02/12/2025

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Date

Licensing Consultant