



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 10, 2025

Toni LaRose
AH Spring Lake Subtenant LLC
Ste 1600
1 Towne Sq
Southfield, MI 48076

RE: License #: AL700397741
Investigation #: 2025A0579015
AHSL Spring Lake Stoneybrook

Dear Ms. LaRose:

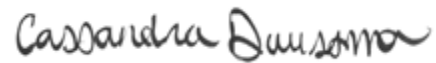
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL700397741
Investigation #:	2025A0579015
Complaint Receipt Date:	01/17/2025
Investigation Initiation Date:	01/17/2025
Report Due Date:	03/18/2025
Licensee Name:	AH Spring Lake Subtenant LLC
Licensee Address:	Ste 1600, 1 Towne Sq, Southfield, MI 48076
Licensee Telephone #:	(248) 203-1800
Administrator:	Toni LaRose
Licensee Designee:	Toni LaRose
Name of Facility:	AHSL Spring Lake Stoneybrook
Facility Address:	17393 Oak Crest Parkway Spring Lake, MI 49456
Facility Telephone #:	(616) 844-2880
Original Issuance Date:	02/25/2019
License Status:	REGULAR
Effective Date:	08/25/2023
Expiration Date:	08/24/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED/ AGED

II. ALLEGATION(S)

	Violation Established?
There is insufficient staffing to meet the residents' care needs.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/15/2025	Special Investigation Intake 2025A0579014
01/17/2025	Special Investigation Initiated - Face to Face Shelby Vanderstelt, Direct Care Worker, Deanna Pullum, Direct Care Worker, Toni LaRose, Licensee Designee
01/17/2025	APS Referral
01/27/2025	Contact- Document Received Toni LaRose, Licensee Designee
03/03/2025	Contact- Document Sent Toni LaRose, Licensee Designee
03/05/2025	Contact- Document Received Toni LaRose, Licensee Designee
03/06/2025	Contact- Document Received Toni LaRose, Licensee Designee
03/10/2025	Exit Conference Toni LaRose, License Designee

ALLEGATION: There is insufficient staffing to meet the resident's care needs.

INVESTIGATION: On 1/17/25, I entered this referral after receiving reports that the home does not have adequate staffing to meet the residents' care needs.

On 1/17/25, I completed an unannounced on-site investigation at a neighboring adult foster care home. Interviews were completed with direct care workers (DCWs) Shelby Vanderstelt and Deanna Pullum and licensee designee, Toni LaRose.

Ms. Vanderstelt reported she is responsible for scheduling for this home. She stated within the last few weeks, she has struggled to maintain adequate staffing in the home. Ms. Vanderstelt stated residents are more independent in this home than the other homes she is responsible for so on occasion, DCWs have worked alone in the

home. She stated ideally there should be at least two DCWs in the home due to the number of residents.

Ms. Pullum reported she does not feel there is sufficient staffing for this home due to the number of residents.

I met Ms. LaRose as I was approaching this home. She denied having any concern regarding staffing at this home and reported the home has been adequately staffed.

I entered the home and found Ms. Pullum was the only available DCW. I had previously spoken to her. Therefore, interviews were not completed at the home. I observed the common area of the home.

On 3/5/25, I received the Resident Register which confirmed there were 17 residents in the home on the date of the on-site investigation and during 12/24/24 and 1/17/25.

On 3/6/25, I received and reviewed the staff schedule and sign-in sheets for the home from 12/24/24 to 1/17/25. The staff sign-in sheets noted on 12/24/24, only one DCW was signed-in from 7:00 a.m.-7:00 p.m. The staff schedule also showed one DCW at that time. On 12/29/24, one DCW was signed-in from 6:52 a.m. to 1:30 p.m. and no DCW was listed on the staff schedule. On 12/30/24 one DCW was signed-in from 7:01 a.m. to 2:00 p.m. which was not consistent with the staff schedule. On 1/11/25, one DCW was signed-in from 6:45 a.m. to 7:03 p.m. which was not consistent with the staff schedule. On 1/12/25, one DCW was signed-in from 6:52 a.m. to 1:25 p.m. which was consistent with the schedule.

On 3/7/25, I reviewed the case file. SIR#2022A0467030 from 3/28/22 was reviewed. It was found that one DCW was providing direct care for 19 residents. A corrective action plan, noting Ms. LaRose and the Wellness Director would monitor staffing to ensure compliance, was received and approved on 5/3/22.

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:	<p>Ms. Pullum and Ms. Vanderstelt expressed concern that the home does not have sufficient staffing to care for so many residents.</p> <p>The Resident Register confirmed there were 17 residents in the home from 12/24/24 to 1/17/25.</p> <p>The staff sign-in sheet and schedule indicated that on five occasions between 12/24/24 and 1/17/25, there was only one DCW in the home during waking hours.</p> <p>Based on the interviews completed and documentation reviewed, there is sufficient evidence to show there was 1 DCW to 17 residents on multiple occasions.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED SIR#2022A0467030- 3/28/22, CAP- 5/3/22</p>

ADDITIONAL FINDING

On 1/17/25, I observed Ms. Pullum in the home.

On 3/6/25, I found the staff schedule listed DCWs as working but did not specify which home they were working in. At times, it was noted that no DCW or one DCW was in the home, which was not consistent with the staff sign-in sheet. On 1/17/25, Ms. Pullum was not listed on the staff schedule or the sign-in sheet, but I observed her providing direct care in the home. Discrepancies were regularly observed when comparing the staff schedule to the sign-in sheet. On 1/5/25, 1/8/25, 1/9/25, and 1/13/25, DCW Andreanna Parham’s name was written on the sign-in sheet but was not consistent with her signature or handwriting on other days. On 12/24/24, DCW Cherise Copeland was listed as the only DCW in the home, while also being signed-in at another home.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all the following information:</p> <p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours or shifts worked.</p> <p>(d) Date of schedule.</p> <p>(e) Any scheduling changes.</p>

ANALYSIS:	<p>The home's staff schedule was not complete or consistent with the sign-in sheet completed by DCWs in the home.</p> <p>On 1/17/25 I observed Ms. Pullum in the home although she was not listed on the schedule.</p> <p>DCW signatures on the sign-in sheets were not done in consistent handwriting and the only DCW in the home was also signed-in at another home at the same time on one occasion.</p> <p>Based on the documentation reviewed and observations made, there is sufficient evidence that a daily schedule including the necessary information specified in the rule is not maintained.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 3/10/25, I completed an exit conference with Ms. LaRose who did not dispute my findings or recommendations.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable plan of corrective action, I recommend the status of the license remain the same.

Cassandra Duursma

03/10/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/10/2025

Jerry Hendrick
Area Manager

Date