



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 11, 2026

Stephen Levy  
Leisure Living Management of Holland Inc.  
Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

RE: License #: AL030084491  
Investigation #: 2026A0469006  
Addington Place of LakeSide Vista Zeeland Haus

Dear Mr. Levy:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Natasha Grew".

Natasha Grew, 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>	AL030084491
<b>Investigation #:</b>	2026A0469006
<b>Complaint Receipt Date:</b>	03/31/2026
<b>Investigation Initiation Date:</b>	03/31/2026
<b>Report Due Date:</b>	05/30/2026
<b>Licensee Name:</b>	Leisure Living Management of Holland Inc.
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Rd. Northville, MI 48167
<b>Licensee Telephone #:</b>	(616) 394-0302
<b>Administrator:</b>	Eric Rash
<b>Licensee Designee:</b>	Stephen Levy
<b>Name of Facility:</b>	Addington Place of LakeSide Vista Zeeland Haus
<b>Facility Address:</b>	346 West 40th Street Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 394-0302
<b>Original Issuance Date:</b>	06/18/1999
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/05/2024
<b>Expiration Date:</b>	09/04/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED, ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility does not have adequate staffing to meet resident care needs.	No
Residents are running out of medications.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

03/31/2026	Special Investigation Intake 2026A0469006
03/31/2026	Special Investigation Initiated - On Site
03/31/2026	APS Referral APS referral not needed
03/31/2026	Inspection Completed On-site
04/02/2026	Contact - Document Received
04/23/2026	Contact - Document Requested Email to Eric Rash
04/27/2026	Contact - Document Received Email from Eric Rash
04/27/2026	Contact- Telephone Call Received Eric Rash
05/08/2026	Exit Conference Licensee Designee Stephen Levy and Administrator Eric Rash

**ALLEGATION:** The facility does not have adequate staffing to meet resident care needs.

**INVESTIGATION:** On 03/31/2026, I opened the special investigation for this facility due to the complaint received from the BCHC online complaints on 03/24/2026 stating that the community has inadequate staffing. The complaint stated that inadequate staffing has caused staff to use a Hoyer lift with one person instead of two people and residents are not getting their needs met. The complaint stated there were three Hoyer lifts in one building. The complaint stated residents are running out of medications. The other active coordinating special investigations for this community are AL030016016\_SIR\_2026A0469005,

AL030006862\_SIR\_2026A0469007, AL030006859\_SIR\_2026A0464035, and AL030006860\_SIR\_2026A0464034.

On 03/31/2026, LARA Licensing Consultant Megan Leavitt and I completed an unannounced onsite inspection at the facility. We interviewed facility administrator, Eric Rash. Mr. Rash stated they have been struggling with staffing. Mr. Rash stated he has terminated several staff recently. As a result, he believes terminated staff could be retaliating by calling in complaints to LARA. Mr. Rash stated they have been working hard to hire staff hosting job fairs. In the meantime, they have been using three different staffing companies.

Ms. Leavitt interviewed Health and Wellness Director Alexis Scott and staff Kemeisha Tournesy. Both staff reported the facility has struggled with staffing. Many staff were let go recently, and the facility has been actively hiring staff. To ensure resident care needs are met, the facility has been using outside agencies to cover shifts. They have been using staff from Interim Staffing, Comfort Keepers, and Care.com.

I interviewed direct care workers individually including Melissa Schmall, Maria Kelly, Brianna Arrendondo, and Aeysha Armijo. I also interviewed Activities Assistant Samantha Bower.

I asked Ms. Schmall what building she typically works in, and if she works in any other building. Ms. Schmall stated she typically works at building 3 which is Delph Haus. Ms. Schmall stated she works first shift typically; however, she picks up hours for second shift too. Ms. Schmall stated she has also picked up shifts in building 1 which is Amsterdam Haus, building 4 which is Friesland Haus, and building 5 which is Zeeland Haus. Ms. Schmall stated she is trained as a med tech and a caregiver. Ms. Schmall continued to state that med techs are also trained in caregiving, and during shifts they will be doing both roles no matter what building staff are working in. I asked Ms. Schmall if there were any residents who require a Hoyer or two-person lift. Ms. Schmall stated there is a resident in Friesland Haus who requires a Hoyer lift. Ms. Schmall stated a Hoyer lift requires two staff to safely use with a resident. Ms. Schmall stated there are always two staff working for all shifts in Friesland and Zeeland Haus. Ms. Schmall stated there has been staffing turnover for all the buildings, however all shifts for all the buildings are covered by either direct staff or a staffing agency. I asked Ms. Schmall if she had observed any issues with residents not getting their needs met. Ms. Schmall stated no. Ms. Schmall continued to state that there are at least two-hour checks for toileting and resident needs, and all staff are timely with this.

I asked Ms. Kelly which building she was working in today. Ms. Kelly stated she was a "floater" and is going between all buildings where there is a need. I asked Ms. Kelly if she has observed issues with staffing. Ms. Kelly stated there has been a staffing shortage, and the licensee is working on hiring more staff. Ms. Kelly stated if there is a call-in or no show, there has been communication to make sure there is

coverage. Ms. Kelly stated that med techs also provide direct care of residents. I asked if there is an issue with frequent call-ins from staff. Ms. Kelly stated the staff who call in frequently are no longer employed with the facility.

I asked Ms. Kelly if there are residents who require a Hoyer or two-person lift. Ms. Kelly stated there are residents who use a Hoyer, which requires two-people, in some buildings, but not all buildings. Ms. Kelly stated there are always enough staff for two staff to use a Hoyer or two-person lift. I asked Ms. Kelly if she has observed any concerns with resident needs not being met. Ms. Kelly stated at the start of each shift, staff check in on residents for any toileting or other needs they may have. Ms. Kelly stated that checks are continued every two hours after that or more if a resident needs something more frequently.

I asked Ms. Arrendondo what buildings she works in. Ms. Arrendondo stated she typically works in Friesland or Zeeland Haus but has picked up shifts in all the buildings. Ms. Arrendondo has been a med tech and caregiver in all the buildings. I asked Ms. Arrendondo if she has observed issues related to there not being enough staff to meet resident needs. Ms. Arrendondo stated there have been staffing difficulties, however this has not affected residents getting their needs met. Ms. Arrendondo stated there have been several staff that left so there have been open shifts to pick up. Ms. Arrendondo stated there are also several new staff hired and getting trained. I asked Ms. Arrendondo if there are residents who require a Hoyer lift or two-person lift in the buildings. Ms. Arrendondo stated Hoyer lifts require two-people to use safely. Ms. Arrendondo stated she has not had any issues with not enough staff for a Hoyer or two-person lift. Ms. Arrendondo stated there is always at least one other direct care staff working with her. I asked Ms. Arrendondo if there are residents who require a Hoyer lift or two-person lift in the buildings. Ms. Arrendondo stated there are residents in some of the buildings who use a Hoyer lift, but not all buildings. Ms. Arrendondo stated Hoyer lifts require two-people to use safely. Ms. Arrendondo stated she has not had any issues with not enough staff for a Hoyer or two-person lift. Ms. Arrendondo stated she has not worked a shift alone, and there is always at least one other direct care staff working with her.

I asked Ms. Armijo how many staff were working in this facility. Ms. Armijo stated she is working with another staff today, and there are typically two staff for Zeeland and Friesland Haus'. Ms. Armijo stated she has worked in other buildings as well but primarily works in Zeeland and Friesland. I asked Ms. Armijo if there were enough staff to assist with Hoyer or two-person lifts. Ms. Armijo stated there are always two staff in Zeeland and two staff in Friesland, however if they need more assistance, they call for additional help with the "walkie" and staff come from another area in the community to assist. I asked how often staff get pulled between the buildings. Ms. Armijo since several staff have left, this is occurring more frequently. Ms. Armijo stated that new staff have been hired but they are not done with training yet. Ms. Armijo stated there are also staff who come from different agencies.

I asked Ms. Bower where she typically works at the facility. Ms. Bower stated she

has been trained as a med tech as that was her prior position, but now she is the Activities Assistant. Ms. Bower continued to state that she has picked up shifts in all the buildings. I asked Ms. Bower if there were any times she observed not having enough staff available for a Hoyer or two-person assist. Ms. Bower stated no. Ms. Bower stated there are always enough staff between the med techs and caregivers on each shift for each building that requires it. Ms. Bower stated if she needs staff assistance with a resident while they are participating in an activity, she uses the walkie and has no issues with staff responding to assist.

Ms. Leavitt interviewed Resident A individually while at this facility. Resident A stated she has resided at the facility for three years. Resident A denied having any concerns regarding inadequate staff. She reported the staff respond quickly when she needs them.

On 04/22/20026, I reviewed the staff schedule for February 2026 and March 2026. During 1<sup>st</sup> and 2<sup>nd</sup> shift, there were two staff scheduled for 1<sup>st</sup> shift, 2<sup>nd</sup> shift, and 3<sup>rd</sup> shift. During 3<sup>rd</sup> shift there were most shifts with two staff assigned to this facility. However, there were some 3<sup>rd</sup> shifts that had one staff assigned to this facility and a second staff assigned to this facility and Friesland Haus.

On 04/30/2026, I reviewed the assessment plans for all residents at this facility, which included Resident A, B, C, D, E, F, G, H, I, J and K. None of the residents' assessment plans documented a two-person assist or used an assistive device that would require two people. Resident E requires a transfer belt for transfers. Resident E and H require "extensive" assistance with bathing, dressing, and toileting. Resident A, C, H, and J require "extensive" assistance within the area for emergency and evacuations. All residents in this facility have a diagnosis of dementia or Alzheimer's.

On 05/08/2026, Licensing Consultant Megan Leavitt and I completed an exit conference with Licensee Designee Stephen Levy and Administrator Eric Rash. They were informed of the investigation findings and recommendations.

<b>APPLICABLE RULE</b>	
<b>R 400.633</b>	<b>Staffing requirements.</b>
	<p><b>(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following:</b></p> <p><b>(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.</b></p>

<b>ANALYSIS:</b>	<p>The complaint stated there was not adequate staff for the community.</p> <p>Administrator Eric Rash, Health and Wellness Director Lexi, staff Kemeisha Tournesy, direct care workers Melissa Schmall, Maria Kelly, Neyah Washington, Yessie Alejandro, Brianna Arrendondo, and Aeysha Armijo, and Activities Assistant Samantha Bower were interviewed. None of those interviewed reported an issue with inadequate staffing.</p> <p>There are 11 residents in this facility. Assessment plans were reviewed for all residents at this facility, which included Resident A, B, C, D, E, F, G, H, I, J and K. None of the residents required a two-person assist or use an assistive device that would require two people. Resident E requires a transfer belt for transfers. Resident E and H require “extensive” assistance with bathing, dressing, and toileting. Resident A, C, H and J require “extensive” assistance within the area for emergency and evacuations. All residents in this facility have a diagnosis of dementia or Alzheimer’s. While reviewing the staff schedule from February 2026 and March 2026, there were two staff scheduled for 1<sup>st</sup> and 2<sup>nd</sup> shift. Overnight, there was at least one staff assigned for this facility with either a second staff, or a second staff assigned to cover this facility and Friesland Haus. There is not evidence for a rule violation.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION: Residents are running out of medications.**

**INVESTIGATION:** While onsite on 03/31/2026, I asked Ms. Schmall if any of the facility’s residents have not received their medication due to the facility “running out”. Ms. Schmall stated yes, however, she does not typically have an issue with the medication supply. Ms. Schmall could not recall the last time she had an issue with the medication supply. Ms. Schmall continued to state if medications are low in supply, staff call the pharmacy for the refill, and the medications are typically delivered that evening. Ms. Schmall stated in addition to calling the pharmacy and getting deliveries when needed, they have a monthly scheduled delivery as well.

While onsite on 03/31/2026, I asked Ms. Kelly if any of the facility’s residents have not received their medication due to the facility “running out”. Ms. Kelly stated no. Ms. Kelly stated she has not observed any issues with the medication supply.

While onsite on 03/31/2026, I asked Ms. Arrendondo if there were any times she went to administer medication, and there was a lack of medication for the resident.

Ms. Arrendondo stated yes, there have been issues with getting medications refilled.

While onsite 03/31/2026, I asked Ms. Armijo if there have been an issue with medications not being available to administer to residents. Ms. Armijo stated no.

While onsite on 03/31/2026, I asked if Ms. Bower if she has observed any issues with a lack of medication for residents. Ms. Bower stated no.

During Ms. Leavitt's interview with Resident A on 03/31/2026, Resident A reported she does not require much staff assistance. Resident A reported staff administer her medication as prescribed. She denied having any concerns regarding the facility.

On 04/22/2026, I reviewed the MAR for February 2026 and March 2026 for Resident C, D, E, H, and K.

- Resident C's MAR documented:
  - On 02/12/2026 and 02/13/2026 the 8:00am dose for Xarelto 20mg is drug not available.
  - On 02/14/2026 and 02/24/2026 the 5:00pm dose for Eliquis 5mg is other.
  - On 02/14/2026 the 8:00am dose for Lantus Solos Injection 100/ml is drug not available.
  - On 02/19/2026 the 8:00am dose for Lantus Solos Injection 100/ml is other.
  - On 02/28/2026 the 8:00am Check Blood Glucose is charting error.
  - On 03/15/2026 the 8:00am dose of Acetaminophen 500mg, Atorvastatin 40mg, Chlorthalid 25mg, Easy Touch Test Strips, Eliquis 5mg, Fluticasone 50mcg, Lantus Solos Injection 100/ml, Lidocaine Pad 5%, Metformin 500mg, Nystatin POW, Sertraline 50mg, and Check Blood Glucose, are charting error.
  - On 03/21/2026 the 8:00pm dose for Acetaminophen 500mg is other.
  - On 03/05/2026 and 03/12/2025 the 8:00pm dose for Eliquis 5mg is other.
  - On 03/24/2026 the 8:00am dose for Lantus Solos Injection 100/ml and Check Blood Glucose are charting error.
  - On 03/17/2026 the 8:00pm dose for Cephalexin 500mg is drug not given.
  - On 03/21/2026 the 8:00pm dose for Cephalexin 500mg is other.
  
- Resident D's MAR documented:
  - On 02/25/2026 the 8:00am dose for Glucosamine 750mg, Multivitamin, Naproxen, and Omepra are drug not available.
  - On 02/28/2026 the 8:00am dose for Glucosamine 750mg, Multivitamin, Naproxen, and Omepra are charting error.
  - On 03/07/2026, 03/17/2026, 03/19/2026 the 12:00pm dose for Quetiapine 50mg is charting error.

- On 03/21/2026 the 8:00pm dose for Divalproex 250 ER is drug not available.
- On 03/25/2026 the 4:00pm dose for Naproxen 220mg is charting error.
- Resident E's MAR documented:
  - On 02/01/2026 and 02/03/2026 the 12:00pm dose for Carb/Levo 25-100mg and Midodrine 5mg are charting error.
  - On 03/05/2026 and 03/12/2026 the 5:00pm dose for Carb/Levo 25-100mg is other.
  - On 03/05/2026 the 8:00pm dose for Carb/Levo 25-100mg, Citrus Calcium, Quetapine 25mg, Sertraline 100mg, and Vitamin C are drug not given.
  - On 03/07/2026 the 8:00am dose for Vitamin C is charting error.
  - On 03/20/2026 and 03/26/2026 the 12:00pm dose for Midodrine 5mg is charting error.
- Resident H's MAR documented:
  - On 02/28/2026 the 8:00am dose for Acetaminophen 500mg, Aspirin low dose 81mg, Calcium/Vitamin D3, and Furosedminde 20mg are charting error.
- Resident K's MAR documented:
  - On 02/01/2026 the 6:30am dose for Levothyroxen 100mcg is drug not given.
  - On 02/02/2026 and 02/07/2026 the 6:30am dose for Levothyroxen 100mcg is other.
  - On 02/24/2026 the 8:00pm dose for Quetiapine 100mg is other and Quetiapine 50mg is drug not given.
  - On 03/02/2026, 03/10/2026, and 03/11/2026 the 6:30am dose for Levothyroxen 100mcg are blank.
  - On 03/05/2026 the 8:00pm dose for Acetaminophen 500mg is other.
  - On 03/12/2026 and 03/30/2026 the 2:00pm dose for Acetaminophen 500mg is blank.
  - On 03/15/2026, 03/20/2026, and 03/24/2026 the 8:00am dose for Acetaminophen 500mg, Donepezil 10mg, Duloxetine 60mg, Furosemide 40mg, Lamotrigine 25mg, Lisinopril 10mg, Quetipine 100mg, Triamcinolon 0.1%, and Vitamin D3 are charting error.

On 04/23/2026, I emailed Mr. Rash requesting clarification for when staff would use "other" or "charting error" on the MAR.

On 04/27/2026, I received an email from Mr. Rash that was a response he received from Health and Wellness Director Alexis Scott explaining when staff use "other" or "charting error" on the MAR. Ms. Scott stated in the email "the team uses "other" when they need to document late administrations or if there are other notes/updates about the medication that was given. They use the "charting error" option when the

medication was removed and charted as being given, but the resident refused/declined after it was already charted as given.”

On 05/08/2026, Licensing Consultant Megan Leavitt and I completed an exit conference with Licensee Designee Stephen Levy and Administrator Eric Rash. They were informed of the investigation findings and recommendations. They agreed to complete the corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	<p>A complaint was received indicating there were issues related to the medication supply and residents not receiving medications.</p> <p>While staff interviews were mixed whether or not there were issues with the medication supply, the MAR for February 2026 and March 2026 for Resident C, D, E, and K had notations for multiple days where a medication was not available or not given. The MAR for Resident K has a blank spot for medications on 03/02/2026, 03/10/2026, and 03/11/2026. The MAR for Resident C, E, and K also had several medications as other, which from the explanation provided by the facility, would indicate these medications may have been administered late. Therefore, there is evidence for a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS: Resident A, B, C, D, E, F, G, H, I, J, and K did not have required signatures.**

**INVESTIGATION:** While reviewing the assessment plans for Resident A, B, C, D, E, F, G, H, I, J and K none of the assessment plans were signed by the resident or resident's designated representative, or by the licensee.

On 04/23/2026, I emailed Mr. Rash requesting the signature pages for the resident assessment plans.

On 04/27/2026, I received a telephone call from Mr. Rash. Mr. Rash stated he was able to locate prior assessment plans for residents that were completed on the LARA Assessment Plan (BCAL-3265) but that these assessment plans were completed prior to his employment with this facility. Mr. Rash stated he was not

aware of this form or the need for signatures for the assessment plan. Mr. Rash stated he has not completed any of these assessment plans since he was hired. I informed Mr. Rash that while the LARA Assessment Plan form is not required any more, the domains on that form all must be in a resident assessment plan and have the required signatures from the resident or resident’s guardian and the licensee or licensee designee. Mr. Rash stated there is a “consolidated assessment plan” that the facility uses that gets signed by the resident or family/responsible party, health and wellness director, and executive director.

On 05/08/2026, Licensing Consultant Megan Leavitt and I completed an exit conference with Licensee Designee Stephen Levy and Administrator Eric Rash. They were informed of the investigation findings and recommendations. They agreed to complete the corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.</b>
<b>ANALYSIS:</b>	While reviewing the assessment plans for Resident A, B, C, D, E, F, G, H, I, J and K, none of the assessment plans were signed by the resident or resident's designated representative, or by the licensee. Therefore, this is a rule violation.
<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.



05/11/2026

Natasha Grew  
Licensing Consultant

Date

Approved By:



05/11/2026

---

Jerry Hendrick  
Area Manager

Date