



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 5, 2018

Tracey Holt  
Superior Health Support Systems  
Suite 120  
1501 W. 6th Ave.  
Sault Ste. Marie, MI 49783

RE: Application #: AS170392423  
Pennington Home  
665 S. Pleasant Street  
Pickford, MI 49774

Dear Ms. Holt:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS170392423
<b>Licensee Name:</b>	Superior Health Support Systems
<b>Licensee Address:</b>	Suite 120 1501 W. 6th Ave. Sault Ste. Marie, MI 49783
<b>Licensee Telephone #:</b>	(906) 632-9886
<b>Administrator/Licensee Designee:</b>	Tracey Holt, Designee
<b>Name of Facility:</b>	Pennington Home
<b>Facility Address:</b>	665 S. Pleasant Street Pickford, MI 49774
<b>Facility Telephone #:</b>	(231) 268-4371
<b>Application Date:</b>	02/02/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

02/02/2018	On-Line Enrollment
02/05/2018	Application Incomplete Letter Sent needs 1326 for Tracey
02/08/2018	Inspection Completed On-site
02/08/2018	Inspection Completed-BCAL Sub. Compliance
02/12/2018	Inspection Completed-Env. Health : A 1027959
02/13/2018	Application incomplete letter sent
02/13/2018	Confirming letter sent
02/27/2018	Inspection Completed On-site
02/27/2018	Inspection Completed-BCAL Full Compliance
02/27/2018	Contact Face to Face I met with the manager and Ms. Holt and went over required forms, policies procedures and answered any questions they had.
04/04/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a newly built single-story home owned by Superior Health Support Systems. Superior Health Support Systems has been providing care for the elderly for many years. They also own and operate 2 other facilities located 20 miles north of this facility in Sault Ste. Marie. The Merlin home 6 bed memory care and the home for the aged, Hearthside Assisted Living.

This is an Adult Foster Care home licensed for 6 residents who are aged. The home is located in Upper Michigan (Chippewa County). The facility is handicap and wheel chair accessible due to the entry ways being at ground level. The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff.

The home is located in a next to the high school in Pickford, MI. The home is about 20 miles from community hospitals, shopping centers and recreational opportunities. The small town of Pickford does have some shopping and recreational activities.

The home is a six bedroom home giving each resident a private bedroom and each bedroom has a half bath with their own toilet and sink. There is 1 barrier free bathing room in the facility that will be used for all 6 residents.

Bedroom 1 13'3"x11'6" or 154 sq. feet

Bedroom 2 15'1"x11'8" or 178 sq. feet

Bedroom 3 13'3"x11' or 146 sq. feet

Bedroom 4 13' x10'10" or 131 sq. feet

Bedroom 5 13'3"x12'8" or 170 sq. feet

Bedroom 6 15'6"x9'4" or 147 sq. feet

The Living room/ common area is 23'.4"x19'.3" or 452 sq. feet. The dining room is 14'11"x 11'9' or 168 sq. feet. The sunroom measures 24' x 8'6" or 206 sq. feet.

The furnace is located in the back part of the garage and is fully enclosed with the appropriate fire safety requirements. The furnace was inspected by the Michigan Department of Licensing and Regulatory affairs/ construction codes electrical division on 1/4/2018 and the plumbing division gave their final approval on 1/12/2018. The facility has been found in full compliance with fire safety and environmental health.

## **B. Program Description**

The facility provides 24-hour supervision, protection and personal care for up to 6 male and female residents over the age of 60 who are aged. There will be at least 1 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

## **C. Applicant and Administrator Qualifications**

The Licensee Designee and Administrator is Tracey Holt. A licensing record clearance was completed with no LEIN convictions for the licensee designee and administrator, Tracey Holt. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided

documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, the resident information or both.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home, as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

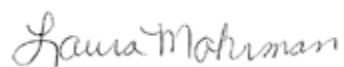
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this small adult foster care home with a capacity of 6 residents.



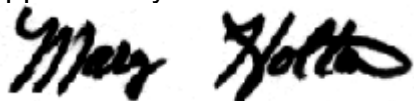
04/04/2018

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Laura Mohrman  
Licensing Consultant

Date

Approved By:



04/05/2018

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Mary E Holton  
Area Manager

Date