



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2020

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

RE: Application #: AS170404306
Harborview Assisted Living & Hospice
200 Cunningham
Detour Village, MI 49725

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,

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

License #: AS170404306

Licensee Name: Superior Health Support Systems

Licensee Address: Suite 120
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

Licensee Telephone #: (906) 632-9886

Administrator/Licensee Designee: Tracey Holt, Designee

Name of Facility: Harborview Assisted Living & Hospice

Facility Address: 200 Cunningham
Detour Village, MI 49725

Facility Telephone #: (906) 297-1251

Application Date: 04/15/2020

Capacity: 6

Program Type: AGED

II. METHODOLOGY

04/15/2020	On-Line Enrollment
04/16/2020	Application Incomplete Letter Sent needs fingerprints
05/07/2020	Application Incomplete Letter Sent
06/09/2020	Application Complete/On-site Needed
06/09/2020	Contact - Document Received I received the policies and procedures, and other licensing documents
06/17/2020	Inspection Completed On-site
06/17/2020	Inspection Completed-BCAL Full Compliance
06/19/2020	Contact - Document Received I received a copy of the occupancy permit

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 three other facilities located in Chippewa County.

This is an Adult Foster Care home licensed for six residents who are aged. The home is in Upper Michigan (Chippewa County). The facility is handicap and wheelchair 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 Detour, MI. The home is about 50 miles from community hospitals, shopping centers and recreational opportunities. The small town of Detour does have some shopping and recreational activities. The Village also has emergency services available.

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 one barrier free bathing room in the facility that will be used for all six residents.

Bedroom 1 13'x12'1" or 157 sq. feet

Bedroom 2 13'x10'7" or 139 sq. feet
Bedroom 3 13'x10'7" or 139 sq. feet
Bedroom 4 13'x10'7" or 139 sq. feet
Bedroom 5 13'x10'7" or 139 sq. feet
Bedroom 6 13'x10'7" or 139 sq. feet

The Living room/ common area is 13'x22 or 286 sq. feet. The dining room is 12'x 18' or 216 sq. feet. The sunroom measures 12' x 22' or 264 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 06/05/2020 and the plumbing division gave their final approval on 6/16/2020. The facility has been found in full compliance with fire safety and environmental health. The occupancy permit was obtained on 6/18/2020.

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 always be at least 1 staff person on duty.

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 AFC adult small group home (capacity 6).

Laura Mohrman

06/22/2020

Laura Mohrman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/23/2020

Jerry Hendrick
Area Manager

Date