



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 29, 2023

Tracey Holt
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Investigation #: 2023A1021065
Hearthside Assisted Living

Dear Tracey Holt:

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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

| | |
|--|---|
| License #: | AH170271455 |
| Investigation #: | 2023A1021065 |
| Complaint Receipt Date: | 05/30/2023 |
| Investigation Initiation Date: | 05/31/2023 |
| Report Due Date: | 07/29/2023 |
| 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/ Authorized Representative: | Tracey Holt |
| Name of Facility: | Hearthside Assisted Living |
| Facility Address: | 1501 W. 6th Ave. Sault Ste. Marie, MI 49783 |
| Facility Telephone #: | (906) 635-6911 |
| Original Issuance Date: | 08/01/2006 |
| License Status: | REGULAR |
| Effective Date: | 11/03/2022 |
| Expiration Date: | 11/02/2023 |
| Capacity: | 64 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Caregivers in medication technician role without training. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|--|
| 05/30/2023 | Special Investigation Intake 2023A1021065 |
| 05/31/2023 | Special Investigation Initiated - Letter referral placed to centralized intake at APS |
| 06/20/2023 | Contact - Telephone call made interviewed SP3 |
| 06/20/2023 | Contact - Telephone call made interviewed SP4 |
| 06/20/2023 | Contact - Telephone call made interviewed SP5 |
| 06/21/2023 | Contact - Telephone call made interviewed SP2 |
| 06/21/2023 | Contact-Telephone call made Interviewed SP7 |
| 06/29/2023 | Exit Conference |

ALLEGATION:

Caregivers in medication technician role without training.

INVESTIGATION:

On 05/30/2023, the licensing department received an anonymous complaint with allegations that residents receive medications from caregivers that are not trained in medication administration. Due to the anonymous complaint, I was unable to contact the complainant for additional information.

On 05/31/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 06/20/2023, I interviewed staff person 3 (SP3) by telephone. SP3 reported she was made aware of the situation by two caregivers. SP3 reported it was reported to her that someone was given the permission to pass medications even though they were not fully trained in medication administration. SP3 reported on the schedule there is a shift supervisor that is responsible for supervisor duties and can also pass medications, if needed. SP3 reported if the shift supervisor calls in and if there is no medication technician scheduled, it can be difficult to have someone come in to administer medications. SP3 reported the facility is working on getting more people trained in medication administration.

On 06/20/2023, I interviewed SP4 by telephone. SP4 reported the facility is in the process of training more medication technicians. SP4 reported the medication training course consists of following a medication technician, administering medications with supervision, and then passing an exam. SP4 reported a medication technician in training may have been allowed to pass medications prior to finishing the training course due to unexpected staff shortages.

On 06/20/2023, I interviewed SP5 by telephone. SP5 reported an employee that was not a shift supervisor was allowed to act in the role of shift supervisor. SP5 reported she is not certain if the staff person administered medications.

On 06/21/2023, I interviewed SP2 by telephone. SP2 reported on 05/14/23 she was the shift supervisor for the 11:00p-7:00am shift and had to leave unexpectedly due to an allergic reaction at work. SP2 reported when there is an emergency, the supervisor is to contact the other supervisors, then office staff members, then administrator, and then CEO. SP2 reported only SP6 answered the phone and provided permission for SP7 to act as the shift supervisor and to administer medications. SP2 reported SP7 was in the medication training program but had not completed the training. SP2 reported no other supervisors answered their phones and there was no one else available to come in to work.

On 06/21/2023, I interviewed SP4 again. SP4 reported SP2 did unexpectedly leave the facility due to a medical emergency. SP4 reported no staff were able to step into the supervisor role and the facility had to work with what they had available. SP4 reported it was known SP7 was going to be stepping into shift supervisor role and therefore was put into that role. SP4 reported SP7 had shadowed but had not finished the medication technician training. SP4 reported the facility is working towards having coverage for unexpected emergencies.

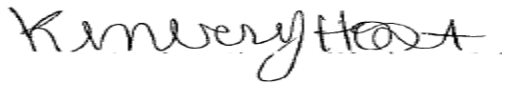
On 06/21/2023, I interviewed SP7 by telephone. SP7 reported SP2 had a medical emergency and had to leave the facility. SP7 reported there was no other staff members available to take over the supervisor and medication technician role, so

she stepped into that role. SP7 reported she had shadowed SP2 but had never independently administered medications. SP7 reported she did administer medications to residents. SP7 reported she will finish the medication technician training next week.

| APPLICABLE RULE | |
|--------------------------------------|---|
| R 325.1921 | Governing bodies, administrators, and supervisors. |
| | <p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p> |
| For Reference: R 325.1901 | Definitions. |
| | <p>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p> |
| ANALYSIS: | Interviews conducted revealed the facility had an unexpected staff shortage resulting in lack of trained medication technicians. This resulted in SP7 administered medications to residents without medication technician training. The facility lacked an organized program of protection for unexpected staff shortages. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



06/21/2023

Kimberly Horst
Licensing Staff

Date

Approved By:



06/29/2023

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date