



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 10, 2023

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

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| RE: License #: | AH170271455 Hearthside Assisted Living 1501 W. 6th Ave. Sault Ste. Marie, MI 49783 |
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Dear Ms. Holt:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

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| License #: | AH170271455 |
| Licensee Name: | Superior Health Support Systems |
| Licensee Address: | Suite 120 1501 W. 6th Ave. Sault Ste. Marie, MI 49783 |
| Licensee Telephone #: | (906) 632-9886 |
| Authorized Representative/ Administrator | 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 |
| Capacity: | 64 |
| Program Type: | AGED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/06/2023

Date of Bureau of Fire Services Inspection if applicable: 11/23/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/10/2023

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 15
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| 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>(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>(p) "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> |
| <p>Upon my inspection, Resident C had bedside assistive devices attached to her bed. I reviewed Resident C's records and found no physician orders for the bedside assistive devices that described the purpose and use of the assistive device.</p> <p>The service plan Resident C lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p> | |
| R 325.1922 | Admission and retention of residents. |
| | <p>(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.</p> |

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| Review of Resident A and Resident B records revealed the facility did not have a service plan for the residents. | |
| R 325.1922 | Admission and retention of residents. |
| | <p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p> |
| Review of Resident A and Resident B records revealed the residents did not have a tuberculosis test prior to admission. In addition, the facility did not complete a yearly tuberculosis risk assessment. | |
| R 325.1923 | Employee's health. |
| | <p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p> |

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| Review of facility documentation revealed the facility did not complete a tuberculosis risk assessment. | |
| R 325.1931 | Employees; general provisions. |
| | (2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan. |
| Review of Resident D's medication administration record (MAR) revealed Resident D was prescribed Ativan 0.5mg PRN for agitation. Review of Resident D's service plan read, <i>"forgetful, ensure hearing aids are in place; cannot understand & gets frustrated."</i> Resident D's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. | |
| R 325.1953 | Menus. |
| | (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served. |
| Inspection of the facility revealed the facility did not post the therapeutic menu for the week. | |
| R 325.1954 | Meal and food records. |
| | The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period. |
| Inspection of the kitchen revealed the facility was not consistently completing a meal census. | |
| R 325.1964 | Interiors. |
| | (9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of |

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| | continuously operated exhaust ventilation that provide discernable air flow into each of these rooms. |
| Inspection of the facility revealed there was no continuous exhaust ventilation in the janitor closet and spa room. | |
| R 325.1976 | Kitchen and dietary. |
| | (6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption. |
| Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including but not limited to pasta noodles, frozen vegetables, and many other items). | |
| R 325.1976 | Kitchen and dietary. |
| | (9) An individual portion of food which is served and not eaten shall be destroyed. |
| Inspection of the facility kitchen revealed in the refrigerator that was leftover salad that was served and was not destroyed. | |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kimberly Host

10/10/2023

Licensing Consultant

Date