

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 7, 2023

Angela McConnachie Marlette Senior Living 2770 Main Street Marlette, MI 48453

RE: License #:	AL760408949
	The Heartlands (B1)
	6305 Bluewater Court
	Marlette, MI 48453

Dear Angela McConnachie:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

Jusan Hutchinson

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems 811 W. Ottawa St. P.O. Box 30664 Lansing, MI 48909 (989) 293-5222

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#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

### I. IDENTIFYING INFORMATION

License #:	AL760408949
Licensee Name:	Marlette Senior Living
Licensee Address:	2770 Main Street
	Marlette, MI 48453
Licensee Telephone #:	(989) 217-9500
	Angola MaCannachia
Licensee/Licensee Designee:	Angela McConnachie
Administrator:	Jessica Kursinsky
Name of Facility:	The Heartlands (B1)
Facility Address:	6305 Bluewater Court
	Marlette, MI 48453
Facility Telephone #:	(989) 217-4872
Original Issuance Date:	05/01/2023
Capacity:	20
Program Type:	AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/25/2023				
Date of Bureau of Fire Services Inspection if applicable: 12/13/2022				
Date of Health Authority Inspection if applicable: 10/25/2023				
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed2No. of others interviewed0Role:N/A				
• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.				
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>				
● Fire drills reviewed? Yes ⊠ No □ If no, explain.				
● Fire safety equipment and practices observed? Yes ⊠ No □ If no, explain.				
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>				
● Incident report follow-up? Yes ⊠ No □ If no, explain.				
<ul> <li>Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A ⊠</li> <li>Number of excluded employees followed-up? N/A ⊠</li> </ul>				
● Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀				

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:		
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.	
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.	
A's Assessment to the facility on	resident paperwork for this renewal inspection, I noted that Resident Plan was not completed until 06/06/23 although she was admitted 05/22/23. Assessment Plans must be completed at the time of t least annually thereafter.	

## **IV. RECOMMENDATION**

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

Jusan Hutchinson

November 7, 2023

Susan Hutchinson	Date
Licensing Consultant	