

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 #: | AM760408948 |
|----------------|----------------------------|
| | The Heartlands (B2) |
| | 6305 Bluewater Court |
| | City of 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 #: | AM760408948 |
|-----------------------------|----------------------------|
| | |
| Licensee Name: | Marlette Senior Living |
| | |
| Licensee Address: | 2770 Main Street |
| | Marlette, MI 48453 |
| | |
| Licensee Telephone #: | (989) 217-9500 |
| | Angola McCannachia |
| Licensee/Licensee Designee: | Angela McConnachie |
| Administrator: | Jessica Kursinsky |
| | |
| Name of Facility: | The Heartlands (B2) |
| | |
| Facility Address: | 6305 Bluewater Court |
| | City of Marlette, MI 48453 |
| | |
| Facility Telephone #: | (989) 217-4872 |
| Original Issuance Date: | 05/22/2023 |
| Original issuance Date. | 03/22/2023 |
| Capacity: | 12 |
| | |
| Program Type: | ALZHEIMERS |
| | |
| | |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 10/25 | 5/2023 |
|--|--|
| Date of Bureau of Fire Services Inspection if applicable | e: 11/23/2022 |
| Date of Health Authority Inspection if applicable: | 10/25/2023 |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A | 2 1 |
| Medication pass / simulated pass observed? Yes | 🔀 No 🗌 If no, explain. |
| • Medication(s) and medication record(s) reviewed? | Yes \boxtimes No \square If no, explain. |
| Resident funds and associated documents reviewed Yes X No I If no, explain. Meal preparation / service observed? Yes X No | |
| ● Fire drills reviewed? Yes ⊠ No □ If no, explain | |
| • Fire safety equipment and practices observed? Ye | es 🔀 No 🗌 If no, explain. |
| E-scores reviewed? (Special Certification Only) Yelf no, explain. Water temperatures checked? Yes X No I If no | |
| ● Incident report follow-up? Yes ⊠ No □ If no, ex | plain. |
| Corrective action plan compliance verified? Yes N/A Number of excluded employees followed-up? | ☐ CAP date/s and rule/s: N/A ⊠ |
| • Variances? Yes 🗌 (please explain) No 🗌 N/A | \boxtimes |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | |
|---|---|
| R 400.14407 | Bathrooms. |
| | (4) A home shall have a minimum of 1 toilet, 1 lavatory, and 1 bathing facility for every 8 occupants of the home. |
| At the time of my inspection, I noted that there is only one bathroom that is equipped with a tub and/or shower. Since this facility is licensed for 12 residents, there must be at least two bathrooms equipped with a tub and/or shower according to this rule. | |

IV. RECOMMENDATION

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

Jusan Hutchinson

November 7, 2023

Susan Hutchinson Licensing Consultant Date