



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 24, 2024

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

RE: License #: AH170271455
Investigation #: 2024A1021026
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 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,

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 #:	2024A1021026
Complaint Receipt Date:	01/16/2024
Investigation Initiation Date:	01/17/2024
Report Due Date:	03/15/2024
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:	11/03/2023
Expiration Date:	11/02/2024
Capacity:	64
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A has wound that is not cared for.	No
Additional Findings	Yes

III. METHODOLOGY

01/16/2024	Special Investigation Intake 2024A1021026
01/17/2024	Special Investigation Initiated - Telephone Interviewed nursing manager
01/18/2024	Contact - Document Received received Resident A's service plan
01/19/2024	Contact - Telephone call made interviewed SP1
01/19/2024	Contact - Telephone call made interviewed SP2
01/22/2024	Contact - Telephone call made interviewed SP3
01/23/2024	Contact - Telephone call made interview Chippewa County Health Department Hospice
01/24/2024	Contact-Telephone call made Interviewed nurse Rochelle Mitchell
	Exit Conference

ALLEGATION:

Resident A has wound that is not cared for.

INVESTIGATION:

On 01/16/2024, the licensing department received an anonymous complaint with allegations Resident A has an untreated bed sore that has not been cared for or

cleaned. The complainant alleged the resident has not been turned or rotated as need be by policy and the bedsore is the size of a fist and seems infected.

Due the anonymous complaint I was unable to contact the complainant for additional information.

On 01/19/2024, I interviewed staff person 1 (SP1) by telephone. SP1 reported Resident A has had the wound for a few months. SP1 reported the facility is doing daily wet to dry dressing changes. SP1 reported Resident A is to be rotated every two hours and the facility staff is good at following this directive. SP1 reported the facility also tries to relieve the pressure of Resident A's hip. SP1 reported Resident A has signed onto hospice and the hospice company is managing the wound care along with the facility staff. SP1 reported Resident A is near end of life and therefore it is difficult for the wound to completely heal. SP1 reported the facility is providing good care to Resident A.

On 01/19/2024, I interviewed SP2 by telephone. SP2 reported Resident A has a wound that is managed by the facility and the hospice company. SP2 reported Resident A now has a hospital bed which should assist in the healing of the wound as it is a pressure relief mattress. SP2 reported Resident A is to be turned every two hours and the staff are good at doing this. SP2 reported if the facility nurse is not in the building, shift supervisors are to complete the wet to dry dressing change.

On 01/22/2024, I interviewed SP3 by telephone. SP3 reported she is the facility nurse that has been responsible for the wound care. SP3 reported the wound was noticed in November and the facility started to address the wound. SP3 reported on December 19th, 2023, Resident A was transferred to the hospital due to a change in health status. SP3 reported the hospital gave Resident A fluids, antibiotics for UTI, and transferred her back to the facility. SP3 reported the orders were to provide aquesol on the wound. SP3 reported the dressing kept falling off so the facility then added a wet to dry dressing. SP3 reported in January, Resident A signed onto hospice and now hospice is managing the wound care. SP3 reported the wound dressing is changed daily by the hospice company or shift supervisors at the facility. SP3 reported Resident A is to be turned every two hours for pressure relief off the hip. SP3 reported Resident A is near end of life and bed bound which makes it difficult for her body to heal the wound. SP3 reported the wound did have drainage but that has stopped. SP3 reported the facility has provided good care to Resident A.

On 01/22/2024, I interviewed Chippewa County Health Department Hospice intake coordinator Terri Knowles by telephone. Ms. Knowles reported Resident A signed onto their hospice services in January 2024. Ms. Knowles reported Resident A does have a pressure ulcer on her left hip. Ms. Knowles reported Resident A has a daily wet to dry dressing change. Ms. Knowles reported the facility does an excellent job of completing the daily dressing change. Ms. Knowles reported the hospice company visits twice a week to check the wound, provide care, and hospice

services. Ms. Knowles reported Resident A has a hospital bed with a pressure relief mattress. Ms. Knowles reported her company has no concerns about care provided to Resident A.

On 01/24/2024, I interviewed Resident A's physician nurse Rochelle Mitchell by telephone. Ms. Mitchell reported on 11/22/2023, the physician's office was notified that Resident A had a pressure ulcer on her hip. Ms. Mitchell reported that the facility was requesting for a health department consult for wound care. Ms. Mitchell reported the physician's office placed the consult and the Chippewa County Health Department was consulted. Ms. Mitchell reported on 12/20/2023, the facility notified the physician's office that the facility was providing aquesol wound care, but the wound was not improving. Ms. Mitchell reported at that time the referral was placed for hospice care. Ms. Mitchell reported the facility communicates well with the physician's office. Ms. Mitchell reported Resident A is bed bound and it will be difficult for the wound to heal. Ms. Mitchell reported Resident A's physician was made aware of the pressure ulcer and was involved in the care of Resident A. Ms. Mitchell reported no concerns on the care Resident A receives at the facility.

I reviewed observation notes for Resident A. The notes read,

"12/21: Evaluated wound today with assistance of aide. Wound measurement is 8cm x6cm 0.2 depth eschar tissues around the wound 0.3cm. Moderate amount of serous yellow/bloody foul smelling odor. Note decline in resident health not responding well, not eating taking minimal fluids. Note some mottling skin in upper arms. Unable to get pulse ox lung sounds are clear.

12/21: (Resident A) just isn't herself lately, not eating well, (Relative A1) brought in ensure for her to drink daily and hopefully that will help her open sore on her left hip area, she's still on antibiotics for Urinary Tract Infection. Staff keep her comfortable. (Relative A1) also signed DNR form along with Dr. Chander. Pictures of (Resident A) fingers and hands sent to Dr. Chander there purple/ modeling. Will continue to monitor.

12/26: Wound has shown deterioration in the last 3 days. RN cleansed wound with saline measured 7cm x 6cm completely covered in black eschar tissue. Moderate amount of Sanguineous drainage foul smelling. RN applied Aquacel dressing covering with Medpro dressing. RN plans to follow up every 3 days for wound care.

12/26: Bandage came off and SS put new bandage on it.

12/27: Bandage on her wound came off. SS put on another one.

12/29: Wound care done today. showed staff the wet to dry dressing in hopes of softening and debridement of the eschar tissue. Moderate amount of Sanguineous drainage. Cleansed with saline applied saline soaked 4x4 folded in half and applied extra 4x4s. Today resident was more alert ate all her breakfast. I will follow up tomorrow on dressing change and instruct staff on changing daily.

12/29: Bandage was falling off again tonight. Took off old one and put on a new one.

12/30: Evaluate wound applied wet to dry dressing. Cleansed with saline applied saline wet 4x4 over wound and applied adhesive bandage over it tape the sides with paper tape. Instruct staff SS to hange dressing daily using wet to dry dressing.

01/02: Changed res bandage today. sore looks very dry no open areas. Reapplied wet to dry.

01/04: changed res bandage today. Seems to be getting bigger the small gauze was really stuck on wound. Soaked with saline to get off. Applied new bandage.

01/05: Evaluated wound today. Scant amount of drainage wound dry eschar tissue measures 3cm x 2cm. Wet to dry dressing applied.

01/18: scheduled SN hospice follow up visit made with patient today. Patient doing well, no signs of distress observed. Dressing change to left hip completed today, pt tolerated well. Wet-to-dry dressing changes done daily by staff when RN not present. Wound is measured at 4.8cm x3cm. Center black with yellow slough tissue surrounding. Scant yellow drainage present. No swelling, redness, or odor or other signs of infection observed. Staff to continue to reposition patient every 2 hours to prevent further skin breakdown.”

I reviewed Resident A’s service plan. The service plan read,

“Rotate position every 2 hours and off hip.”

APPLICABLE RULE	
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.
ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support the allegation Resident A’s wound is not cared for.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A’s service plan read,

“Resident is hospice. Rotate position every 2 hours and off hip.”

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Interviews conducted revealed Resident A had a hospital bed, was a 1:1 feed, active with Chippewa County Health Department Hospice, and had daily dressing changes. Resident A's service plan did not include the use of the hospital bed, feeding status of Resident A, hospice company name and activities hospice was responsible for, and staff instructions for the wound care.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

01/24/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

01/30/2024

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

Date