



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Robert Gulley
606 E High Street, Ishpeming, MI 49849

May 27, 2025

RE: License #: AF520379592
High Street Assist Living
606 E High Street, Ishpeming, MI 49849

Dear Mr. Gulley:

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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(906) 250-9318

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

I. IDENTIFYING INFORMATION

License #:	AF520379592
Licensee Name:	Robert Gulley
Licensee Address:	606 E High Street Ishpeming, MI 49849
Licensee Telephone #:	(906) 204-4378
Licensee Designee:	N/A
Administrator:	
Name of Facility:	High Street Assist Living
Facility Address:	606 E High Street Ishpeming, MI 49849
Facility Telephone #:	(906) 204-4378
Original Issuance Date:	10/21/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/22/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(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.
Not there during meal time.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- 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 400.1407 Resident admission and discharge criteria; resident assessment plan.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

NOTE: Resident A's assessment plan was not signed within the last 12 months.

R 400.1407 Resident admission and discharge criteria; health care appraisal.

(9) ... a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

NOTE: Resident A did not have a health care appraisal on file.

R 400.1418 Resident medications.

(5) Prescription medication shall be kept in the original pharmacy supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

NOTE: There was a bottle of pills in the medication cabinet that did not have a legible label.

R 400.1426 Maintenance of premises.

(3) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

NOTE: Licensee is currently waiting on needed work to be completed on the roof over the entry-way to the home. Time frame for completed work is required in corrective action plan.

IV. RECOMMENDATION

Upon receipt of an appropriate corrective action plan, I recommend renewal of this home's license.



5/27/25

Garrett Peters
Licensing Consultant

Date