



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 18, 2025

Santanu Ray  
Harborside Senior Living  
10701 Valleywood Ave  
Luna Pier, MI 48157

RE: License #: AH580403754  
Harborside Senior Living  
10701 Valleywood Ave  
Luna Pier, MI 48157

Dear Licensee:

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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH580403754
<b>Licensee Name:</b>	Harborside Senior Living LLC
<b>Licensee Address:</b>	10701 Valleywood Ave Luna Pier, MI 48157
<b>Licensee Telephone #:</b>	(734) 636-4000
<b>Authorized Representative:</b>	Santanu Ray
<b>Administrator:</b>	Kaushikkuma Patel
<b>Name of Facility:</b>	Harborside Senior Living
<b>Facility Address:</b>	10701 Valleywood Ave Luna Pier, MI 48157
<b>Facility Telephone #:</b>	(734) 636-4000
<b>Original Issuance Date:</b>	01/25/2023
<b>Capacity:</b>	30
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2025

Date of Bureau of Fire Services Inspection if applicable: 6/24/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/17/2025

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 10  
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. No resident funds held in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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:  
Special Investigation Report (SIR) dated 11/27/2024 to CAP dated 12/12/2024: R 325.1921(1)(b)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. N/A

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

This facility was found to be in non-compliance with the following rules:

**R 325.1921                    Governing bodies, administrators, and supervisors.**

**(1) The owner, operator, and governing body of a home shall do all of the following:**

**(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**

**For Reference  
R 325.1901**

**Definitions.**

**(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.**

An interview with Employee #1 revealed that during shift change, staff are required to conduct narcotic counts, with both staff members signing to verify completion. A review of the narcotic count logbook showed that on 11/22/2025, 11/23/2025, 12/1/2025, and 12/14/2025, the sign-out section was left blank; therefore, it could not be determined whether a narcotic count was completed on those dates.

Additionally, observations revealed that five residents had bedside assistive devices on their beds. For Residents A and B, the devices were placed under the mattress and secured by a strap and the weight of the mattress; however, the devices moved easily away from the bed, creating a potential entrapment risk. Residents C, D, and E had half bed rails with vertical slats attached directly to the bed frame, with slats large enough for a resident's arm to become accidentally entrapped between them.

Employee #1 confirmed that the residents did not have physician orders for the use of these devices. Further review of the service plans for Residents A and B revealed that the plans lacked sufficient information regarding the specific use, care, and maintenance of the devices. This included the absence of documentation addressing a method for the resident to summon staff, ongoing resident monitoring, monitoring of the equipment by trained staff, and measurement and monitoring of gaps to reduce the risk of entrapment, entanglement, strangulation, or other potential harm.

Furthermore, the facility did not have a policy or procedure governing the use of bedside assistive devices.

Based on the observations and documentation reviewed, and the absence of an organized plan, the facility failed to provide reasonable protective measures to ensure resident safety and well-being during the use of bedside assistive devices.

#### **VIOLATION ESTABLISHED.**

**R 325.1922**

**Admission and retention of residents.**

**(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home.**

The resident admission contract shall, at a minimum, specify all of the following:

(a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.

(b) The services to be provided and the fees for the services.

(c) The notice to be provided by the home to the resident and/or the resident's authorized representative, if any, upon any change in fees.

(d) The transportation services that are provided, if any, and the fees for those services.

(e) The home's admission and discharge policy.

(f) The home's refund policy.

(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in MCL 333.20201(2) and (3) and MCL 333.20202.

Resident B's admission contract was incomplete, consisting only of pages 1, 3, 10, and 16, and lacked the required elements of this rule.

#### **VIOLATION ESTABLISHED.**

**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.

**For Reference:**

**R 325.1901**

**Definitions.**

(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

Resident A did not have an established service plan.

Review of Resident B's service plan revealed it was completed in November 2025; however, the resident was admitted to the home on October 11, 2025. As a result, it could not be determined whether the service plan was established timely nor in coordination with the resident and/or the resident's authorized representative. Additionally, the service plan lacked sufficient detail regarding the specific care and maintenance needs, including staff guidance on the resident's ability to participate in his own care, assistance required by staff, use of a bedside assistive device, and identification of the hospice agency providing care. The service plan also failed to specify how staff were to assist with bathing in the event hospice services were not provided.

**VIOLATION ESTABLISHED.**

**R 325.1922**

**Admission and retention of residents.**

**(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.**

Resident A was admitted to the home on 4/15/2023; however, review of his file revealed a chest X-ray dated 8/15/2023, which was associated with a recent hospitalization; therefore, lacked a TB screening within the 12 months prior to admission to the home.

Employee #2 stated that Resident B had a chest X-ray; however, the documentation could not be located in the resident's file.

Additionally, the facility did not have documentation of an annual tuberculosis (TB) risk assessment.

**VIOLATION ESTABLISHED.**

**R 325.1923**

**Employee's health.**

**(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.**

Review of Employee #1's file indicated a hire date of 3/27/2023; however, TB screening documentation showed the test was administered on 4/12/2023 and read on 4/14/2023, which was not completed within 10 days of hire or prior to occupational exposure.

Review of Employee #3's file revealed the absence of documentation of a tuberculosis (TB) screening completed within 10 days of hire and prior to occupational exposure.

Additionally, the facility lacked documentation of an annual tuberculosis (TB) risk assessment.

#### **VIOLATION ESTABLISHED.**

**R 325.1924                      Reporting of incidents, accidents, elopement.**

**Rule 24. (1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:**

- (a) Reviewing and evaluating incidents.**
- (b) Identifying effective means to correct any deficient practice.**
- (c) Ensuring resident safety and quality of care.**
- (d) Improving procedures.**
- (2) The program must be reviewed annually by the administrator and governing body.**
- (3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel that have training or experience with the type of the incident being evaluated.**
- (4) The multi-disciplinary team shall meet not less than twice each calendar year or more frequently as needed to review an incident or incidents.**
- (5) Records must be maintained that demonstrate incident reporting to the team, analyses, outcomes, corrective action taken, and evaluation to ensure that the expected outcome is achieved. These records must be maintained for 2 years.**
- (6) The facility must have a policy and procedure to report an incident using a department approved form to the multi-disciplinary team responsible for the quality review program required under subrule (1) of this rule.**

Interviews with Employees #1 and #2 indicated the facility did not have an incident reporting program or a related policy and procedure consistent with this rule.

**VIOLATION ESTABLISHED.**

**R 325.1931**            **Employees; general provisions.**

**(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:**

**(a) Reporting requirements and documentation.**

**(b) First aid and/or medication, if any.**

**(c) Personal care.**

**(d) Resident rights and responsibilities.**

**(e) Safety and fire prevention.**

**(f) Containment of infectious disease and standard precautions.**

**(g) Medication administration, if applicable.**

Review of Employee #3's file revealed the absence of training records consistent with the requirements of this rule.

**VIOLATION ESTABLISHED.**

**R 325.1932**            **Resident medications.**

**(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a**

**resident, then the home shall comply with all of the following provisions:**

**(a) Be trained in the proper handling and administration of medication.**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

**(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.**

**(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.**

Review of Resident A's November 2025 medication administration record (MAR) revealed that he was prescribed both Ibuprofen and MAPAP on an as-needed basis for pain; however, the orders lacked sufficient instructions to determine whether the medications were to be administered together, separately, sequentially, or as alternatives based on the severity of pain.

Review of Resident B's November 2025 MARs dated 11/3/2025 and 11/22/2025 revealed that the 12:00 A.M. doses of Oxycodone were left blank. Facility staff did not document a reason for the missed doses; therefore, it could not be confirmed why the medication administration was not completed as scheduled.

Additionally, Resident B was prescribed three as-needed medications for pain that lacked sufficient instructions to determine whether the medications were to be administered together, separately, sequentially, or as alternatives based on the severity of pain. Furthermore, Resident B was prescribed two as-needed medications for anxiety or agitation that also lacked sufficient instructions to determine whether the medications were to be administered together, separately, sequentially, or as alternatives.

**VIOLATION ESTABLISHED.**

**R 325.1943**

**Resident registers.**

**(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:**

**(a) Name, date of birth, gender, and room.**

**(b) Name, address, and telephone number of next of kin or authorized representative, if any.**

**(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.**

**(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.**

**(e) Name, address, and telephone number of resident's licensed health care professional, if known.**

**(2) A register of all residents shall be maintained at all times for the previous 2 years.**

Based on interviews with Employees #1 and #2, it was determined that the facility did not maintain a resident register, including face sheets for all current residents and for those discharged within the preceding two years, as required.

**VIOLATION ESTABLISHED.**

**R 325.1944**

**Employee records and work schedules.**

**(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.**

Interviews with Employees #1 and #2 revealed that the facility is staffed with two employees per shift across three shifts. However, review of the facility's staffing schedule from December 1 through 14, 2025, indicated that on certain dates, only one employee was assigned to the third shift. Employee #2 reported working on those nights, but her name was not reflected on the schedule to show staff who actually worked.

**VIOLATION ESTABLISHED.**

**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.**

Employee #1 stated that the facility posts the daily menu on a whiteboard; however, the weekly menu for residents was not posted. Therefore, a violation of this rule was identified.

**VIOLATION ESTABLISHED.**

**R 325.1964 Interiors.**

**(9) Ventilation shall be provided throughout the facility in the following manner:**

**(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.**

**(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 continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.**

Inspection of resident bathrooms 112 and 120 revealed a lack of discernible airflow, resulting in noncompliance with this rule.

**VIOLATION ESTABLISHED.**

**R 325.1970            Water supply systems.**

**(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.**

The inspection of water temperatures revealed the home was not in compliance with this rule. For example, Room 104 measured 100.6 degrees Fahrenheit, and Room 120 measured 102 degrees Fahrenheit.”

**VIOLATION ESTABLISHED.**

**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 kitchen refrigerator revealed items with expiration dates of 11/21/2025, 12/14/2025, and 12/15/2025 that were no longer safe for human consumption.

**VIOLATION ESTABLISHED.**

**R 325.1976            Kitchen and dietary.**

**(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**

Inspection of the kitchen confirmed the use of a high-temperature dish machine. Review of the machine’s temperature logs indicated that staff were required to record daily wash and rinse temperatures, along with any corrective actions taken if temperatures fell below the minimum wash temperature of 150 degrees Fahrenheit or the minimum final rinse temperature of 165 degrees Fahrenheit. However, the most recent entry on the log was dated 10/22/2025.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, the status of this license will remain unchanged.

*Jessica Rogers*

12/17/2025

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Licensing Consultant

Date