



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 29, 2025

Jade Somes
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Investigation #: 2026A1035003
Hearthside Assisted Living

Dear Jade Somes:

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 responsible party 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. 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) 335-5985.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH170271455
Investigation #:	2026A1035003
Complaint Receipt Date:	10/13/2025
Investigation Initiation Date:	10/16/2025
Report Due Date:	12/12/2025
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:	Jade Somes
Authorized Representative:	Tracy 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:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	64
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Medications are not being re-ordered timely therefore residents are not receiving medications as ordered.	Yes
Facility has recurrent infestation of bed bugs.	Yes
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

There are allegations related to poor staffing noted in this complaint that have been investigated and substantiated in SI 2025A103582.

III. METHODOLOGY

10/13/2025	Special Investigation Intake 2026A1035003
10/16/2025	Special Investigation Initiated - Letter
10/20/2025	Contact - Face to Face
12/1/2025	Contact – Face to Face
12/23/2025	Inspection Complete. BCAL Sub Compliant.
12/29/2025	Exit Conference.

ALLEGATION:

Medications are not being re-ordered timely therefore residents are not receiving medications as ordered.

INVESTIGATION:

On 10/13/2025 the Department received an anonymous complaint through the online complaint system which alleged that the facility runs out of resident medication related to medications not being re-ordered.

On 10/14/2025, an additional complaint was received through the online complaint system which alleged there are medication errors, medication is not available, and residents will go days without their medication.

On 10/20/2025, an onsite investigation was conducted. While onsite I interviewed staff person (SP)1 who states medications are monitored and reordered by the shift supervisor. SP1 states there are times medications have not been reordered. The individual monitoring the medication reordering process is new to the position and has missed reordering at times. The facility works with several pharmacies therefore some medications have been overlooked and not reordered.

While onsite, I interviewed SP2 who states it is the job of the med tech lead/ supervisor to audit and reordered medications. SP2 states the supervisor becomes preoccupied and does not audit and reordered medications regularly. SP2 states medications are missing “way too often.”

While onsite, I interviewed SP3 who states medications carts are audited, a pharmacy sheet is filled out and faxed over to pharmacy. When medications are missing the supervisor will call the pharmacy to get a refill.

Through record review of Resident A and Resident B medication administration record (MAR) for the months of August, September, and October there were multiple missed doses with no documented medication administration.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Through interviews, staff members state that medication is not available often for several days. Through record review, there are several missed doses with no charted medication administration for Resident A and Resident B.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has recurrent infestation of bed bugs.

INVESTIGATION:

On 10/13/2025 the Department received an anonymous complaint through the online complaint system which alleges the facility has reoccurrence of bed bugs every three months.

On October 20, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states the facility is working with OHA Pest Solution monthly for pest control. SP1 states the facility does have reoccurring bed bugs. SP1 states when bed bugs are observed OHA Pest Solutions will treat rooms. SP1 states there is a bed bug prevention flyer posted in the breakroom and staff have been educated on bed bug management. SP1 states she will be conducting formal bed bug management training with all staff.

While onsite, a phone interview was conducted with the exterminator from OHA Pest Solutions who states their company assesses Hearthside Assisted Living monthly and treats property as needed. The exterminator reports there was a small colony treated on 8/6/25.

While onsite, I interviewed SP2 who states she is concerned with the number of times the facility has had bed bugs. SP2 states there is a poster in the “back” educating staff on bed bugs and bed bug management.

While onsite, I interviewed SP4 who states she has not received any formal training on bed bugs or bed bug management.

While onsite, I interviewed SP4 who states they have not been educated on bed bugs or bed bug management.

On 12/01/2025, an onsite investigation was conducted. While onsite a staff member was observed checking another staff member in a resident’s room for lice while she was sitting on the residents’ bed. SP3 states the facility is checking everyone, staff and residents, for lice. SP3 introduced SP5, who states he gave directives for all staff and residents to be checked for lice. SP5 states there have been reports that three staff members and two residents had checked positive for lice.

While onsite, one room was being treated for newly observed bed bug findings.

Through interview, formal bed bug education or reeducation has not occurred since the onsite visit on 10/20/2025. Through interviews with staff, they have not been educated on lice detection other than what they know from personal experience.

APPLICABLE RULE	
R 325.1978	Insect and vermin control.
	(1) A home shall be kept free from insects and vermin.(2) Pest control procedures shall comply with MCL 324.8301 et seq.
ANALYSIS:	Facility is working with OHA Pest Solutions to manage recurrent bed bugs. Facility continues to have recurrent bed bugs and lice infestation. Staff members are not properly trained on bed bugs or lice management, while being expected to participate in the detection of bed bugs and lice.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



12/09/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



12/23/2025

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