GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 8, 2026

Mark Mleczewski
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

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 licensee or licensee designee or 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 (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
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

Licensee License #:	AH170271455
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/Licensee Designee:	Mark Mleczewski
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
Capacity:	64
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/04/2026

Date of Bureau of Fire Services Inspection if applicable: 06/23/2025

Inspection Type: ☐Interview and Observation ☒Worksheet ☐Combination

Date of Exit Conference: 05/04/2026

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 15
No. of others interviewed 0 Role

- 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
  The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: 1/5/2026 325.2932(1), 325.1978(1), 9/30/205 325.1921(1)(b)
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.

Multiple blood glucose monitors opened and not labeled with assigned resident identification.

Resident E had missed documented doses of Advair on 4/4/46 and 4/7/2026 at 20:00 p.m., Carvedilol 6.25mg missed documented doses 4/4/26 and 4/7/26 at 20:00 p.m., and Sinemet 4/4/26 and 4/7/26 at 20:00 p.m..

East Medication Cart:
Humalog noted opened without open and discard date.
Ozempic opened without open and discard date.

West Medication Cart:
Aleo Vera opened without open and discard date.
Opened personal lime juice observed in medication cart.

Facility is not monitoring and maintaining a medication refrigerator temperature log.

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Facility does not maintain a meal census record.

R 325.1964 **Interiors.**

(12) A floor, wall, or ceiling must be covered and finished in a manner that allows maintenance of a sanitary environment.

Brown-tinged ceiling tiles observed in beauty shop.

R 325.1979 **General maintenance and storage.**

(1) The building, equipment, and furniture shall be kept clean and in good repair.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Multiple oxygen tanks were observed throughout common areas, dining room, and beauty shop not stored in a safe manner.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

06/08/2026

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