



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 14, 2021

Tracey Holt  
Superior Health Support Systems  
Suite 120  
1501 W. 6th Ave.  
Sault Ste. Marie, MI 49783

RE: License #: AS170404306  
**Harborview Assisted Living**  
**200 Cunningham**  
**Detour Village, MI 49725**

Dear Ms. Holt:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AS170404306   |
| <b>Licensee Name:</b>                   | Superior Health Support Systems                             |
| <b>Licensee Address:</b>                | Suite 120<br>1501 W. 6th Ave.<br>Sault Ste. Marie, MI 49783 |
| <b>Licensee Telephone #:</b>            | (906) 632-9886  |
| <b>Administrator/Licensee Designee:</b> | Tracey Holt, Designee                                       |
| <b>Name of Facility:</b>                | Harborview Assisted Living                                  |
| <b>Facility Address:</b>                | 200 Cunningham<br>Detour Village, MI 49725                  |
| <b>Facility Telephone #:</b>            | (906) 297-1251  |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | AGED  |

**II. Purpose of Addendum**

This addendum is being completed to reflect a name change to the facility.

**III. Methodology**

The facility name was Harborview Assisted Living and Hospice. The new name is Harborview Assisted Living.

**IV. Description of Findings and Conclusions**

This facility is an adult foster care that provides personal care, protection and supervision. The facility does accept residents that are enrolled in a licensed hospice program but is not a hospice facility. The name was changed to reflect the services provided.

**V. Recommendation**

I recommend no change to the status of this license.

*Laura Mohrman*

1/14/2021

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Laura Mohrman  
Licensing Consultant

Date