

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 15, 2021

Robert Russell Jr. Superior Woods Healthcare Center 8380 Geddes Rd. Ypsilanti, MI 48198

RE: License #: AH810287412

Superior Woods Healthcare Center

8380 Geddes Rd. Ypsilanti, MI 48198

Dear Mr. Russell Jr.:

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 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) 284-9730.

Sincerely,

Jossia Rogers

Jessica Rogers, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 241-1970

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH810287412

Licensee Name: SSC Superior Township Operating Company,

LLC

Licensee Address: Suite 1400

One Ravinia Dr. Atlanta, GA 30346

Licensee Telephone #: (770) 829-5100

Authorized Representative: Robert Russell Jr.

Administrator: Irene Lucy

Name of Facility: Superior Woods Healthcare Center

Facility Address: 8380 Geddes Rd.

Ypsilanti, MI 48198

Facility Telephone #: (734) 547-7600

Original Issuance Date: 01/19/2007

Capacity: 26

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 11/10/2	2021
Date of Bureau of Fire Ser	vices Inspection if applicable:	7/14/21, 10/15/21
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference:	11/10/21	
No. of staff interviewed an No. of residents interviewed No. of others interviewed pandemic.		7 10 e time due to the COVID-19
Medication pass / sim	ulated pass observed? Yes 🗵	No
explain. ■ Resident funds and a Yes □ No ☒ If no,	dication records(s) reviewed? ssociated documents reviewed explain. No resident funds held rvice observed? Yes 🖂 No 🗆	for at least one resident?
Bureau of Fire Service plan.	Yes \square No \boxtimes If no, explain. es reviews fire drills. Staff intershecked? Yes \boxtimes No \square If no	
 Incident report follow-u Corrective action plandate 9/24/20 to Renerous 325.1922(2), R 325.1 325.1976(12), R 325. 		/A ⊠ CAP date/s and rule/s: CAF 1923(1), R 325.1921(1), R 1932(2), R 325.1932(3), R

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

333.20161

Fees and assessments for health facility and agency licenses and certificates of need; schedule; fees;

- (1) The department shall assess fees and other assessments for health facility and agency licenses and certificates of need on an annual basis as provided in this article. Until October 1, 2023, except as otherwise provided in this article, fees and assessments must be paid as provided in the following schedule:
- (d) Homes for the aged...... \$6.27 per licensed bed.

The department sent invoices for the licensing fee on 6/28/21 and 11/1/21. As of the writing of this report, the department has not received the payment.

R 325.1913 Licenses and permits; general provisions.

(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.

On 11/10/21, administrator Irene Lucy stated the facility was owned by Mission Point. The department did not receive notification of the change in ownership. At the time of inspection review of some resident records revealed the signed admission agreement was for an entity that was not licensed. Additionally, Ms. Lucy stated most of the terms of new admission agreement were not applicable to residents residing in a home for the aged but met the criteria for their skilled nursing facility residents.

A review of the Licensing and Regulatory Affairs Business Entity Search Tool reveals that the licensee SSC Superior Township Operating Company, LLC business registration was withdrawn on 5/17/21.

R 325.1964 Interiors.

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

On 11/10/21 the exhaust ventilation was not functioning in the locked employee toilet room.

On 11/10/21, I shared the findings of this report with licensee authorized representative Robert Russell Jr. while on-site.

IV. RECOMMENDATION

Jossica Rogers	
	11/15/21
Licensing Consultant	Date