



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 25, 2022

Kathryn Browning  
Northport Highlands  
215 S. High St.  
Northport, MI 49670

RE: License #: AH450293385  
Northport Highlands  
215 S. High St.  
Northport, MI 49670

Dear Mrs. Browning:

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,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
350 Ottawa NW Unit 13, 7th Floor  
Grand Rapids, MI 49503  
(616) 260-7781  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH450293385
<b>Licensee Name:</b>	Parkside of Northport, LLC
<b>Licensee Address:</b>	Suite 860 5215 Old Orchard Rd. Skokie, IL 60077
<b>Licensee Telephone #:</b>	(847) 779-8501
<b>Authorized Representative/ Administrator:</b>	Kathryn Browning
<b>Name of Facility:</b>	Northport Highlands
<b>Facility Address:</b>	215 S. High St. Northport, MI 49670
<b>Facility Telephone #:</b>	(231) 386-9900
<b>Original Issuance Date:</b>	07/17/2009
<b>Capacity:</b>	41
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2022

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 02/24/2022

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 21  
No. of others interviewed 1 Role Hospice staff person

- 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.  
Bureau of Fire Services reviews fire drills, disaster plans 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: N/A
- 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:

<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b></p>
<b>ANALYSIS:</b>	Review of employee records revealed the facility tested staff for TB annually when not required to do so. The review also revealed an annual TB risk assessment was not completed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
<b>R 325.1942</b>	<b>Resident records.</b>
	<p><b>(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed.</b></p> <p><b>(3) The resident record shall include at least all of the following:</b></p> <p style="padding-left: 40px;"><b>(h) The resident's service plan.</b></p>
<b>ANALYSIS:</b>	Review of resident service plans revealed they were not signed by the resident and/or their designated authorized representative.

<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
--------------------	------------------------------

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



2/25/22

\_\_\_\_\_  
Date

Licensing Consultant