

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 2, 2022

Katelyn Werk Harbors Health Facility 243 Wiley Rd. Douglas, MI 49406

RE: License #: AH030295207

Harbors Health Facility

243 Wiley Rd.

Douglas, MI 49406

Dear Ms. Werk:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed until 3/18/2023. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 204-4300.

Sincerely,

Julie Viviano, Licensing Staff

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Julis himano

Grand Rapids, MI 49503

(616) 204-4300

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

#### I. IDENTIFYING INFORMATION

License #:	AH030295207	
Licensee Name:	Douglas Investments & Associates, LLC	
Licensee Address:	7201 Shallowford Rd	
	Chattanooga, TN 37421	
	(100) 000 1017	
Licensee Telephone #:	(423) 308-1845	
Authorized	Katalun Wark	
Representative/Administrator:	Katelyn Werk	
Representative/Administrator.		
Name of Facility:	Harbors Health Facility	
Facility Address:	243 Wiley Rd.	
	Douglas, MI 49406	
Facility Telephone #:	(269) 857-2141	
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Original Issuance Date:	04/30/2009	
Capacity:	28	
Program Type:	AGED	

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 3/2/2022 – No Onsite Inspection		
Date of Bureau of Fire Services Inspection if applicable: BFS A - 4/13/2021		
Inspection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination		
Date of Exit Conference: 3/2/2022		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role		
Medication pass / simulated pass observed? Yes ☐ No ☐ If no, explain.		
<ul> <li>Medication(s) and medication records(s) reviewed? Yes  No If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes  No If no, explain.</li> <li>Meal preparation / service observed? Yes  No If no, explain.</li> </ul>		
• Fire drills reviewed? Yes   No   If no, explain.		
Water temperatures checked? Yes    No    If no, explain.		
<ul> <li>Incident report follow-up? Yes  IR date/s: N/A  Corrective action plan compliance verified? Yes  CAP date/s and rule/s:</li> </ul>		
Number of excluded employees followed up?     N/A		

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

Renewal of the license is recommended.

Julio hnano	3/2/2022
Licensing Consultant	Date