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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 1, 2022

Tracey Holt
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Investigation #: 2023A1021011
Hearthside Assisted Living

Dear Ms. Holt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 "Kimberly Horst".

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH170271455
Investigation #:	2023A1021011
Complaint Receipt Date:	11/04/2022
Investigation Initiation Date:	11/07/2022
Report Due Date:	1/04/2022
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/ Authorized Representative:	Tracey Holt
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
License Status:	REGULAR
Effective Date:	11/03/2022
Expiration Date:	11/02/2023
Capacity:	64
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Residents are not attended to.	No
Facility has insufficient staff.	Yes
Facility has lack of cleaning supplies.	No
Additional Findings	No

III. METHODOLOGY

11/04/2022	Special Investigation Intake 2023A1021011
11/07/2022	Special Investigation Initiated - Letter referral sent to APS
11/10/2022	Inspection Completed On-site
11/18/2022	Contact-telephone call made Interviewed SP4
11/18/2022	Contact- telephone call made Interviewed SP5
11/21/2022	Contact-telephone call made Interviewed SP3
	Exit Conference

ALLEGATION:

Residents are not attended to.

INVESTIGATION:

On 11/4/22, the licensing department received an anonymous complaint with allegations the residents are left un-changed, are not cleaned, and oral care is never performed.

On 11/7/22, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 11/10/22, I interviewed facility manager Delores Kivi at the facility. Ms. Kivi reported residents are to be changed, toileted, and oral care performed according to their service plan. Ms. Kivi reported the facility has Incontinence Prevention Schedule charting which is charting for residents that are on a toileting schedule. Ms. Kivi reported she audits the charting once a week and has not found any concerns with residents not receiving adequate care. Ms. Kivi reported caregivers are to attempt oral care, but the residents can refuse and often will. Ms. Kivi reported there are no residents with skin breakdown on their buttocks that is due to sitting in urine. Ms. Kivi reported there has been a few urinary tract infections (UTI) in female residents because the residents have a history of chronic UTI's. Ms. Kivi reported a few residents with memory care issues tend to re-wear the same clothes, but the clothes are always washed. Ms. Kivi reported caregivers provide good care to the residents.

On 11/10/22, I interviewed SP2 at the facility. SP2 reported caregivers are to complete charting on residents. SP2 reported some residents will refuse care and they have the right to do so. SP2 reported residents receive good care.

On 11/10/22, I interviewed Resident A at the facility. Resident A reported she enjoys living at the facility and is happy at the facility. Resident A reported caregivers always assist her with dressing and showering.

On 11/10/22, I interviewed Resident B at the facility. Resident B reported no concerns with living at the facility.

I observed multiple residents at the facility. The residents appeared to be clean as observed by the residents were wearing clean clothes, hair was brushed, and I did not smell urine on the residents.

I reviewed Incontinence Prevention Schedule charting for the past two weeks. Each resident had appropriate charting on their toileting every two hours.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted, observations made, and documents reviewed revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged that the facility is understaffed.

Ms. Kivi reported the facility has 48 residents. Ms. Kivi reported caregiver assignments are broken down into east 1, east 2, west 1, and west 2. Ms. Kivi reported each caregiver is responsible for 9-14 residents. Ms. Kivi reported on first shift there is four caregivers and two medication technicians, second shift there are four caregivers with one medication technician, and third shift there are two caregivers and one supervisor. Ms. Kivi reported there is no mandation policy at the facility, but the supervisor cannot leave the building until the facility has appropriate staff. Ms. Kivi reported management will work the floor, if needed. Ms. Kivi reported the facility has worked with open shifts, but the caregivers work together to ensure all resident needs are met. Ms. Kivi reported the facility is not using agency staff and is currently hiring for all shifts. Ms. Kivi reported the facility has eight residents that require cue and assist, four residents that are a two person assist, two residents that require assistance with transfers, four residents that require two person assist with ambulation, four residents that require assistance with feeding, five residents that are incontinent, three residents that are unsteady, three residents on oxygen, three residents that are an elopement risk, three residents that are confused, and three residents that are a full assist.

On 11/18/22, I interviewed SP4 by telephone. SP4 reported on first and second shift there should be four aids that work the floor but sometimes there are only three aids. SP4 reported office staff will try to find replacement staff but at times the facility can not find replacements. SP4 reported there is no policy in place to ensure there is an appropriate number of staff members working.

On 11/18/22, I interviewed SP5 by telephone. SP5 reported the facility is short staffed by there are times there are only three aids that work the floor. SP5 reported caregivers will pick up extra shifts to help but there is lack of staff. SP5 reported if a staff member does not report for their shift, management will try to find replacement staff, but staff is not always found.

On 11/21/22, I interviewed SP3 by telephone. SP3 reported the facility does have lack of staff. SP3 reported on average the facility works short two or three times a week. SP3 reported when a worker calls in sick, management will work to find a replacement but at times there is no replacement found. SP3 reported there is no policy in place to ensure appropriate staff are working.

I reviewed the staff schedule for October. The schedule revealed the following staff shortages:

10/8: first shift had three workers
 10/8: second shift had four workers
 10/10: third shift had two workers
 10/13: third shift had two workers
 10/15: first shift had four workers
 10/18: third shift had three workers
 10/21: first shift had four workers
 10/21: third shift had two workers
 10/22: first shift had four workers
 10/22: third shift had two workers
 10/23: first shift had five workers
 10/24: first shift had three workers
 10/25: first shift had three workers
 10/26: first shift had three workers
 10/29: first shift had five workers
 10/29: third shift had two workers
 10/29: third shift had two workers
 10/30: first shift had three workers
 10/31: first shift had four workers

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>

ANALYSIS:	Interviews conducted and schedule review revealed the facility will often work below their desired staffing levels. When a caregiver is absent from their shift, management will work to find a replacement but at times a replacement cannot be found. The facility does not have an organized program in place to ensure the protection of the residents when a caregiver is absent from their shift.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Facility has lack of cleaning supplies.

INVESTIGATION:

The complainant alleged the facility never has the proper supplies to clean the facility or the residents.

Ms. Kivi reported the facility receives supplies weekly from Gordon Food Services. Ms. Kivi reported the facility has two housekeepers that are responsible for cleaning resident rooms and common areas. Ms. Kivi reported the kitchen staff is responsible for cleaning the kitchen area. Ms. Kivi reported the facility provides wipes for resident use. Ms. Kivi reported the facility does provide some soap and shampoo, if needed. Ms. Kivi reported the facility never has run out of cleaning supplies for the facility or the residents.

On 11/10/22, I interviewed SP1 at the facility. SP1 reported she is responsible for cleaning the facility. SP1 reported there is always adequate supplies to clean the facility. SP1 reported the facility never has run out of supplies.

On 11/10/22, I interviewed SP2 at the facility. SP2 reported the facility does provide soap, shampoo, and wipes for resident use. SP2 reported no concerns with lack of supplies for the residents.

Resident B reported her room is cleaned weekly. Resident B reported no concerns with cleanliness of the facility.

I observed the janitor closet at the facility. I observed multiple containers of soap, Clorox, paper towel, toilet paper, Kleenex, wipes, and various personal body items.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Interviews conducted and observations made at the facility revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 12/1/22, I conducted an exit conference with authorized representative Tracey Holt by telephone. Ms. Holt reported she will be meeting with the board to discuss staffing issues.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst 11/28/22

 Kimberly Horst Date
 Licensing Staff

Approved By:

Andrea L. Moore 11/30/2022

 Andrea L. Moore, Manager Date
 Long-Term-Care State Licensing Section