



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 1, 2023

Leslie Hooker  
Harbors Health Facility  
243 Wiley Rd.  
Douglas, MI 49406

RE: License #: AH030295207  
Harbors Health Facility  
243 Wiley Rd.  
Douglas, MI 49406

Dear Ms. Hooker:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan and receipt of paid license renewal fee, 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at 616-356-0100.

Sincerely,

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH030295207
<b>Licensee Name:</b>	Douglas Investments & Associates, LLC
<b>Licensee Address:</b>	7201 Shallowford Rd Chattanooga, TN 37421
<b>Licensee Telephone #:</b>	(423) 308-1845
<b>Authorized Representative:</b>	Leslie Hooker
<b>Administrator/Licensee Designee:</b>	Austin Benefiel
<b>Name of Facility:</b>	Harbors Health Facility
<b>Facility Address:</b>	243 Wiley Rd. Douglas, MI 49406
<b>Facility Telephone #:</b>	(269) 857-2141
<b>Original Issuance Date:</b>	04/30/2009
<b>Capacity:</b>	28
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/28/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – A 4/12/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 2/28/2023

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 11  
No. of others interviewed 0 Role N/A

- 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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 0 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

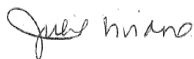
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 325.1922</b>	<b>Admission and Retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of intradermal skin test, chest x-ray, or other methods recommended by local health authority performed within 12 months before admission.</b>
<b>ANALYSIS:</b>	On-site inspection and review of resident records revealed three of the five resident files reviewed did not have evidence of a tuberculosis screening on record performed within 12 months before admission.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### IV. RECOMMENDATION

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



3/1/2023

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Date

Licensing Consultant