



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2023

Santanu Ray
Harborside Senior Living LLC
49063 Gaviota Ln
Macomb, MI 48044

RE: License #: AH580403754
Harborside Senior Living
10701 Valleywood Ave
Luna Pier, MI 48157

Dear Mr. Ray:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed, effective 7/25/2023 until 7/24/2024. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Brender d. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH580403754
Licensee Name:	Harborside Senior Living LLC
Licensee Address:	10701 Valleywood Ave Luna Pier, MI 48157
Licensee Telephone #:	(734) 636-4000
Authorized Representative:	Santanu Ray
Administrator:	Kaushikkuma Patel
Name of Facility:	Harborside Senior Living
Facility Address:	10701 Valleywood Ave Luna Pier, MI 48157
Facility Telephone #:	(734) 636-4000
Original Issuance Date:	01/25/2023
Capacity:	30
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/2/2023

Date of Bureau of Fire Services Inspection if applicable: 05/23/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/2/2023

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 7
No. of others interviewed 2 Role Residents' family members

- 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.
Interviewed the policy and procedures
- 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: No CAPS for this home.
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

8/2/2023

Licensing Consultant Date