



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 4, 2023

Michael Stacks  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

RE: License #: AH810287412  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

Dear Licensee:

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 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH810287412

**Licensee Name:** SSC Superior Township Operating Company, LLC

**Licensee Address:** Suite 1400  
One Ravinia Dr.  
Atlanta, GA 30346

**Licensee Telephone #:** (770) 829-5100

**Authorized Representative:** Michael Stacks

**Administrator/Licensee Designee:** Jerry Lawson

**Name of Facility:** Superior Woods Healthcare Center

**Facility Address:** 8380 Geddes Rd.  
Ypsilanti, MI 48198

**Facility Telephone #:** (734) 547-7600

**Original Issuance Date:** 01/19/2007

**Capacity:** 26

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2023

Date of Bureau of Fire Services Inspection if applicable: 07/25/2023 and 9/25/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/04/2023

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 8

No. of others interviewed One Role Resident's family member

- 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. No resident funds held.
- 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 plan reviewed and staff interviewed regarding disaster plan.
- 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: CAP dated 11/29/2021 to Renewal LSR dated 11/15/2021: R 325.1964(9), R 325.1913(2), 333.20161
- 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:

**R 325.1922 Admission and retention of residents.**

**(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.**

Review of Resident A's service plan revealed it was updated on 8/25/2022 and review of Resident C's service plan revealed it was updated on 9/1/2022, thus they were not in compliance with this rule.

**VIOLATION ESTABLISHED.**

**R 325.1931 Employees; general provisions.**

**(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

Interview with Employee #1 revealed the medication technician was the supervisor of resident care; however, review of the September 2023 staff scheduled revealed a supervisor of resident care was not designated for each shift.

**VIOLATION ESTABLISHED.**

**R 325.1932 Resident medications.**

**(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.**

The medication administration records (MARs) were not always completed per the licensed health care professional orders in which some were left blank. For example, Resident A's August 2023 MARs read one or more doses of medications were left blank on 8/13/2023, 8/14/2023, 9/15/2023 and 9/16/2023. Review of Resident B's MARs read one or more doses of medications were left blank on 8/13/2023, 8/15/2023, and 9/25/2023. Review of Resident C's MARs read her TED hose were not applied from 8/3/2023 through 8/8/2023, 8/14/2023 and 8/24/2023.

**VIOLATION ESTABLISHED.**

**R 325.1953           Menus.**

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

The regular menu was not posted for the current week.

Additionally, review of residents' diet orders revealed there were therapeutic and special diets ordered such as but not limited to no added salt, consistent carbohydrate, and dysphagia mechanical soft diets in which the facility did not post therapeutic or special diet menus for the current week.

**VIOLATION ESTABLISHED.**

**R 325.1976           Kitchen and dietary.**

- (13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**

Interview with Mr. Lawson revealed staff were responsible for washing resident's dishware after meals in the kitchenette. Inspection of the kitchenette revealed staff were to maintain daily temperature logs for the sink in which they were required to date, time, and place the temperature strip on the log. The September 2023 temperature logs were incomplete. For example, the following dates were left blank: 9/2/2023 through 9/4/2023, 9/6/2023 through 9/8/2023, 9/10/2023 through 9/12/2023, 9/14/2023 through 9/16/2023, 9/18/2023, 9/19/2023, 9/21/2021, 9/22/2023, 9/24/2023, 9/25/2023, 9/27/2023, 9/28/2023, and 9/30/2023.

**VIOLATION ESTABLISHED.**

**R 325.1976            Kitchen and dietary.**

**(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.**

Inspection of the kitchenette refrigerator revealed items that were expired such as cheesecake dated 9/22/2023. Additionally, food items such as but not limited to applesauce, pudding, soup, milk, strawberry shake, and pop were opened and not dated.

**VIOLATION ESTABLISHED.**

**R 325.1976            Kitchen and dietary.**

**(8) A reliable thermometer shall be provided for each refrigerator and freezer.**

Inspection of the kitchenette refrigerator revealed a thermometer which no longer worked. Inspection of kitchenette's two freezers revealed they lacked thermometers. Inspection of apartment 507 revealed the refrigerator lacked a thermometer.

**VIOLATION ESTABLISHED.**

**R 325.1979            General maintenance and storage.**

**(2) Hazardous and toxic materials shall be stored in a safe manner.**

Inspection of the kitchenette revealed it maintained cleaning chemicals located under the sink as well as sharp objects. Inspection of the kitchenette door revealed a coded lock; however, the door was propped open and was accessible to residents.

**VIOLATION ESTABLISHED.**

**R 325.1981          Disaster plans.**

**(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.**

Review of the disaster plan revealed it lacked a plan and procedure for explosions and loss of heat.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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

*Jessica Rogers*

10/04/2023

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Date

Licensing Consultant