



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 14, 2023

Carl Schuler
Suthern Adult Care, LLC
617 Riverview Ct.
Gladwin, MI 48624

RE: License #: AL650308159
The Horizon Senior Living III
613 Progress St.
West Branch, MI 48661

Dear Mr. Schuler:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AL650308159

Licensee Name: Suthern Adult Care, LLC

Licensee Address: 617 Riverview Ct.
Gladwin, MI 48624

Licensee Telephone #: (989) 343-9404

Licensee/Licensee Designee: Carl Schuler, Designee

Administrator: Paula Cassiday

Name of Facility: The Horizon Senior Living III

Facility Address: 613 Progress St.
West Branch, MI 48661

Facility Telephone #: (989) 343-9404

Original Issuance Date: 02/11/2011

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/14/2023

Date of Bureau of Fire Services Inspection if applicable: 09/05/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 17

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident A's PRN Lorazepam medication was outdated in March 2022 and was not properly disposed of.

R 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Hot water temperatures in the beauty salon, resident room 1, and the kitchen were above 120 degrees F.

R 400.15403 Maintenance of premises.

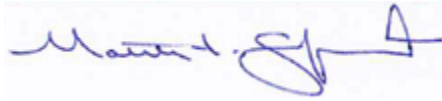
(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The laundry room dryer vents were not connected properly to the dryers.

On 9/14/2023 I conducted an exit conference with the administrator Paula Cassidy. Ms. Cassidy concurred with the findings of the inspection. A corrective action plan was requested and approved on 09/14/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



9/14/2023

Matthew Soderquist
Licensing Consultant

Date