



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 22, 2024

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

RE: License #: AH170271455  
Investigation #: 2024A1035048  
Hearthside Assisted Living

Dear Tracey 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 responsible party 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,

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 410-3226

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH170271455
<b>Investigation #:</b>	2024A1035048
<b>Complaint Receipt Date:</b>	06/05/2024
<b>Investigation Initiation Date:</b>	06/05/2024
<b>Report Due Date:</b>	08/05/2024
<b>Licensee Name:</b>	Superior Health Support Systems
<b>Licensee Address:</b>	Suite 120 1501 W. 6th Ave. Sault Ste. Marie, MI 49783
<b>Licensee Telephone #:</b>	(906) 632-9886
<b>Administrator:</b>	Tracey Holt
<b>Authorized Representative:</b>	Tracey Holt
<b>Name of Facility:</b>	Hearthside Assisted Living
<b>Facility Address:</b>	1501 W. 6th Ave. Sault Ste. Marie, MI 49783
<b>Facility Telephone #:</b>	(906) 635-6911
<b>Original Issuance Date:</b>	08/01/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/03/2023
<b>Expiration Date:</b>	11/02/2024
<b>Capacity:</b>	64
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A is receiving poor quality of care.	Yes
Additional Findings	No

## III. METHODOLOGY

06/05/2024	Special Investigation Intake 2024A1035048
06/05/2024	Special Investigation Initiated - Letter
07/22/2024	Contact - Face to Face
07/31/2024	Contact – phone interviews with two staff persons (SP)

### ALLEGATION:

Resident A is receiving poor quality of care

### INVESTIGATION:

On June 5, 2024, the department received a complaint through the online complaint system which read: "Resident A was recently brought to the dentist after an emergency room visit. The dentist noted severe plaque and tartar build up on the resident's teeth. Resident A teeth have not been brushed in a long time. The member was then brought to a mammogram by the guardian. It was noted at that appointment that the member had severe body odor, was dirty and did not appear to have been bathed in a long period of time. It was expressed to the clinical coordinator that the resident has a very strong odor from her vagina that has been left untreated and has gotten worse."

On June 6, 2024, the department received a complaint forwarded from Adult Protective Services (APS) which stated: "There are concerns of the level of care Resident A is getting at Hearthside. Resident A recently had a dental appointment, and it was noted at this appointment that her teeth had not been brushed for quite some time. She had several levels of plaque and debris that could not be removed with resulted in Resident A being in pain. Resident A is also noted to have a strong odor. She appears to not be being showered regularly at Hearthside. She has also been observed to be in dirty clothing and clothing that does not belong to her."

Hearthside does receive a personal care supplement that is an amount paid to ensure her needs are being met including ADL's."

On July 22, 2024, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1 who states Resident A receives showers twice a week on Thursdays and Sundays. SP1 provided Resident A service plan and Activities or Daily Living (ADL) Charting for April, May, June, and July.

While onsite, I attempted to interview Resident A. Resident A was observed resting in her recliner. Resident A would not open her eyes or answer questions at this time. Writer asked Resident A to open her mouth, Resident A complied. Mucus membranes moist with white coating noted on tongue, minimal debris noted. Resident A was dressed appropriately without noticeable odor, fingernails long and appeared clean.

While onsite I interviewed SP2 who states when a resident refuses a shower the resident is reapproached and offered a second time, if shower is declined a supervisor or other staff member will attempt giving the shower. SP2 states very rarely does she have residents decline baths.

On July 26, 2024, complainant contact who states Resident A often has body odor, in mismatched dirty clothes, and teeth appear to be dirty. Complainant states her concerns have been voiced with no resolution.

On July 31, 2024, SP3 interviewed via phone. SP3 states check marks on ADL Charting Log indicate task has been done whereas "X, O, and O with line through it" indicate task has not been completed. SP3 states Resident A showers have not been scheduled on the days she has been assigned her care. SP3 states there are times Resident A will refuse oral care.

On July 31, 2024, SP4 interviewed via phone. SP4 states check marks or initials on ADL Charting Log indicate task has been done whereas "X, O, and O with line through it" indicate task has not been completed. SP4 states "Resident A may refuse but she has not had to shower her."

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(1) A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair as specified in the resident's service plan. (2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before

	<b>meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	<p>Through record review and interview Resident A is scheduled for showers on Thursdays and Saturdays.</p> <p>SP1 provided ADL Charting Logs for the months of April, May, June, and July.</p> <p>For the month of April, Resident A did not receive a full bath nor partial bath on day shift, oral care was checked as provided daily on day shift, one full bath document 4/6/24 on afternoon shift, oral care provided daily on afternoons, and no baths provided on midnights</p> <p>For the month of May, three baths charted on day shift, oral care documented as completed 10 times on day shift, no baths or oral care provided on afternoons and midnights. No linen changes documented for the month of May.</p> <p>For the month of June, one full bath completed on days with 23 days of oral care. No baths documented as being provided on afternoon shift or midnight shift. Oral care documented as provided 11 times on afternoon shift. No linen changes documented for the month of June.</p> <p>For the month of July, one bath was provided as of the 21<sup>st</sup> of July, 16 days with morning oral care 3 days of afternoon oral care, no baths provided on afternoon or midnight shift. One linen change.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.



Jennifer Heim  
Licensing Staff

07/31/2024

Date

Approved By:

A handwritten signature in black ink, appearing to read "Andrea L. Moore". The signature is fluid and cursive, with the first name "Andrea" and last name "Moore" clearly distinguishable.

08/21/2024

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

Date