



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 20, 2024

Teresita Sandoval Barrera
Hidden Harbors Center, LLC
11800 E. Nine Mile Road
Warren, MI 48089

RE: License #: AL500415483
Hidden Harbors Center
31601 Harper Avenue
Saint Clair Shores, MI 48082

Dear Ms. Sandoval Barrera:

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. 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AL500415483
Licensee Name:	Hidden Harbors Center, LLC
Licensee Address:	11800 E. Nine Mile Road Warren, MI 48089
Licensee Telephone #:	(248) 289-0803
Licensee/Licensee Designee:	Teresita Sandoval Barrera
Administrator:	Teresita Sandoval Barrera
Name of Facility:	Hidden Harbors Center
Facility Address:	31601 Harper Avenue Saint Clair Shores, MI 48082
Facility Telephone #:	(586) 859-7556
Original Issuance Date:	03/11/2024
Capacity:	18
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2024

Date of Bureau of Fire Services Inspection if applicable: 11/30/24

Date of Health Authority Inspection if applicable: 10/10/23

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 7

No. of others interviewed N/A Role:

- 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.
Inspection did not occur during a meal time.
- 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.
None needed
- 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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



9/20/24

Eric Johnson
Licensing Consultant

Date