



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Nancy Posey and Theresa Posey
8470 Parshallville
Fenton, MI 48430

RE: License #: AM470078614
Hartland Assisted Living
5978 Cullen Road
Fenton, MI 48430

Dear Nancy Posey and Theresa Posey:

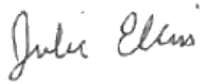
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM470078614
Licensee Name:	Nancy Posey and Theresa Posey
Licensee Address:	8470 Parshallville Fenton, MI 48430
Licensee Telephone #:	(810) 632-7760
Administrator:	Nancy Posey
Name of Facility:	Hartland Assisted Living
Facility Address:	5978 Cullen Road Fenton, MI 48430
Facility Telephone #:	(810) 632-5509
Original Issuance Date:	11/22/1997
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 12/13/2024

Date of Bureau of Fire Services Inspection if applicable: 02/14/2024

Date of Health Authority Inspection if applicable: 08/12/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 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 was not during mealtime
- 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:
314 (1), 316 (1) (2) CAP 01/04/2024 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 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

(c) Cardiopulmonary resuscitation.

At the time of the inspection, Danielle Bosak's employee record did not contain documentation that she was trained and competent in first aid and Cardiopulmonary resuscitation (CPR).

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

At the time of the inspection, Resident A and Resident B were using assistive devices that were not listed on their written assessment plans.

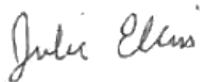
R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of the inspection, Resident A and Resident C were using assistive devices that were not authorized in writing by a physician.

IV. RECOMMENDATION

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



12/16/2024

Julie Elkins
Licensing Consultant

Date