GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 14, 2026

Tiffany Marchbanks
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Investigation #: 2026A1035054
Hearthside Assisted Living

Dear Licensee:

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) 335-5985.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
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

License #:	AH170271455
Investigation #:	2026A1035054
Complaint Receipt Date:	07/22/2026
Investigation Initiation Date:	07/22/2026
Report Due Date:	09/21/2026
Licensee Name:	Superior Health Support Systems
Licensee Address:	Suite 120 1501 W. 6th Ave. Sault Ste. Marie, MI 49783
Licensee Telephone #:	(906) 632-9886
Administrator/ Authorized Representative:	Tiffany Marchbanks
Name of Facility:	Hearthside Assisted Living
Facility Address:	1501 W. 6th Ave. Sault Ste. Marie, MI 49783
Facility Telephone #:	(906) 635-6911
Original Issuance Date:	08/01/2006
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	64
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was discharged without proper notice.	Yes
Additional Findings	No

III. METHODOLOGY

07/22/2026	Special Investigation Intake 2026A1035054
07/22/2026	Special Investigation Initiated - Letter
08/05/2026	Contact – phone interview with Complainant.
08/05/2026	Contact – phone interview with Mi Michigan hospital.
08/31/2026	Inspection Complete. BCAL Sub Compliance.
08/31/2026	Exit Conference.

ALLEGATION:

Resident A was discharged without proper notice.

INVESTIGATION:

On July 22, 2026, the Department received a complaint through the online complaint system which read:

> "They evicted Resident A after claiming that there was an incident with another resident. There is no proof of it. He has had several falls. They are claiming that the family of the other resident is going to come after us. They were not properly trying to redirect him. We would like his eviction appealed. He is currently in the hospital."

On July 21, 2026, at 12:29 p.m. SP1 notified writer of an incident that occurred involving Resident A and her plan to issue a 24-hour discharge notice. Writer notified SP1 the discharge notice cannot be issued until Resident A returns to the facility and there is a safe discharge plan. SP1 was informed she would have to work with Resident A's power of attorney (POA) and Adult Protective Services (APS).

On July 21, 2026, a phone interview was conducted with the discharge planner at Mi- Michigan Sault Ste. Marie hospital. The discharge planner states Resident A is currently at hospital. Resident A's care plan has changed where he is being stabilized and will be transferred to subacute rehab. Family A presented the 24-hr discharge notice they were provided therefore the hospital is working on long term placement.

On August 5, 2026, a phone interview was conducted with Family A who states there was a short period time where Resident A was placed on hospice care post transfer to hospital. Resident A is currently being stabilized and will be transferred to subacute rehabilitation center. Family A states she was not provided proper notice or explanation of why he is not "allowed" back at the facility. Family A states the facility failed to keep Resident A safe and redirect him.

Through record review, no documentation was provided to support the issuance of a 24-hr discharge notice. There was no documentation related to Resident A having uncontrolled behaviors. There was no documentation provided related to concerns with Resident A and potential alternative placement.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(15) of this rule shall take all of the following steps before discharging the resident: **(a) The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 Page 9 Courtesy of www.michigan.gov/orr hours before discharge. The notice shall be verbal and issued in**

	writing. The notice of discharge shall include all of the following information: **(i) The reason for the proposed discharge, including the specific nature of the substantial risk.** **(ii) The alternatives to discharge that have been attempted by the home, if any.** **(iii) The location to which the resident will be discharged.** **(iv) The right of the resident to file a complaint with the department.** **(b) The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:** **(i) A resident does not have an authorized representative or an agency responsible for the resident's placement.** **(ii) The resident does not have a subsequent placement.** **(c) The notice to the department and adult protective services shall include all of the following information:** **(i) The reason for the proposed discharge, including the specific nature of the substantial risk.** **(ii) The alternatives to discharge that have been attempted by the home, if any.** **(iii) The location to which the resident will be discharged, if known.** **(d) If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.** **(e) The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.**
ANALYSIS:	Through record review and interview Resident A was sent to the hospital post Resident to Resident altercation. SP1 proceeded to issue a 24-hr discharge notice without alternatives to discharge that have been attempted, location to where Resident A was discharged, notification to APS, and denial of return to the facility. Based on information noted above this allegation has been substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

08/17/2026

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:

08/31/2026

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