



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

October 25, 2010

Mary Coppernoll  
RidgeCrest Health Campus  
703 Robinson Rd.  
Jackson, MI 49203-2538

RE: Application #: AH380301277  
RidgeCrest Health Campus  
703 Robinson Rd.  
Jackson, MI 49203-2538

Dear Ms. Coppernoll:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 39 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 228-2093.

Sincerely,

Patricia J. Sjo, Licensing Staff  
Bureau of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 228-3743

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AH380301277

**Applicant Name:** Trilogy Healthcare of Jackson, LLC

**Applicant Address:** Suite 201  
1650 Lyndon Farm Court  
Louisville, KY 40223

**Applicant Telephone #:** (502) 213-1710

**Authorized Representative/  
Administrator/Licensee Designee:** Mary Coppernoll

**Name of Facility:** RidgeCrest Health Campus

**Facility Address:** 703 Robinson Rd.  
Jackson, MI 49203-2538

**Facility Telephone #:** (517) 787-5140

**Application Date:** 03/30/2009

**Capacity:** 39

**Program Type:** Aged  
Alzheimer's

## II. METHODOLOGY

|            |   |
|------------|---|
| 03/30/2009 | Enrollment  |
| 03/31/2009 | Plan Review Request sent to the Health Facilities Engineering Section (HFES) of the Bureau of Health Systems in the Department of Community Health and to the Bureau of Fire Services (BFS) in the Department of Energy, Labor, and Economic Growth.  |
| 03/31/2009 | Inspection Report Requested - Fire  |
| 04/02/2009 | Contact - Document Received<br>Licensing file received from Central Office.   |
| 06/30/2009 | Construction Permit Received for site and foundation construction only; BFS needs to grant plan review approval before a full construction permit will be issued.   |
| 08/28/2009 | Application Incomplete Letter Sent<br>Sent to Authorized Representative Paul Plevyak.   |
| 10/21/2009 | Construction Permit from HFES.  |
| 06/24/2010 | Contact - Document Received<br>Certificate of Appointment for Authorized Representative appointing Julie Kearney, who is the facility's consultant.   |
| 08/04/2010 | Contact - Document Received<br>HFA license application update appointing Sue Oginsky as administrator and authorized representative.  |
| 08/06/2010 | Contact - Document Received<br>Policies, admission contract, and forms received for my review and approval.   |
| 09/16/2010 | Contact - Document Received<br>9/9/10 letter from architect to HFES engineer re: facility is ready for final inspection.  |
| 10/12/2010 | Contact – Telephone Call Made<br>Scheduled original inspection for October 14.  |
| 10/14/2010 | Inspection Completed On-site<br>Inspected physical plant; interviewed Ms. Oginsky, Ms. Kearney, and administrator for the Odd Fellow & Rebekah home for the aged, Mary Coppernoll; discussed needed revisions to policies, procedures, admission contract, and forms. Ms. Coppernoll will be administrator. I received Ms. Coppernoll's resume that documents |

her qualifications to be administrator.

10/14/2010 Inspection Completed-BCAL Sub. Compliance

10/14/2010 Exit Conference with Ms. Oginsky, Ms. Kearney, and Ms. Coppernoll.

10/14/2010 Confirming Letter Sent  
I identified the documents that need revision and documents that need to be submitted for approval before a license can be issued.

10/18/2010 Contact – Document Received  
Rider changing the insured facility on the surety bond from Odd Fellow & Rebekah Home to RidgeCrest Health Campus.

10/18/2010 Contact – Document Received  
Updated license application identifying Mary Coppernoll as administrator and authorized representative and Certificate of Appointment for Authorized representative appointing Mary Coppernoll as authorized representative. Revised Alzheimer’s program statement, new employee orientation list, and revised employee tuberculosis screening policy.

10/19/2010 Contact – Document Received  
Resident record documentation forms, a service plan form, a resident assessment form, trust fund accounting forms, staff training documentation forms, and a meal census form.

10/20/2010 Contact – Document Received  
Resident register form, staff schedule form, incident report form and revised resident admission contract form and admission and discharge policies.

10/21/2010 Occupancy Approval (AH ONLY)

10/21/2010 Application Complete/On-site Needed  
On site inspection was conducted on 10/14/10.

10/25/2010 Contact – Telephone Call Made  
To Ms. Coppernoll regarding documents needing revision.

10/25/2010 Inspection Completed-BCAL Full Compliance  
Revised documents received and approved.

10/25/2010 Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Trilogy Healthcare of Jackson, LLC is closing its Odd Fellow & Rebekah Home, a licensed home for the aged, when those residents move to RidgeCrest Health Campus.

RidgeCrest Health Campus is a barrier-free, one-story, 39-bed home for the aged located in Summit Township but has a Jackson mailing address. The facility has an “assisted living” area with 26 beds and an Alzheimer’s care area named Legacy Lane Memory Care with 13 beds. Separate dining rooms are provided for the assisted living and Legacy Lane Memory Care. A private dining room is also provided so a resident can eat privately with family and friends. A call light to summon staff assistance is provided for each resident room. A walk-in shower with bench seat, toilet, sink, and grab bars are provided for each resident room. Fenced and landscaped outdoor courtyards with sidewalks are provided for the assisted living and Legacy Lane Memory Care areas.

Anyone can enter the Legacy Lane Memory Care area through its door, but a security code must be entered on a keypad before a person can leave through Legacy Lane Memory’s primary door. Except for the front door, all other exits in the facility are equipped with a 15-second delay alarmed door.

The facility is attached to, and operated in conjunction with and as a distinct part of, a licensed nursing home.

The facility has a central kitchen that is used by the home for the aged and the nursing home.

Smoking is not permitted anywhere inside or on the outside premises.

#### **B. Program Description**

Residents are men and women who are over age 60. Residents are ambulatory or capable of independent mobility using a cane, walker, or wheelchair. A resident may not require more than one-person assistance with transfers in/out of a wheelchair. The facility provides room, board including special diets, 24-hour staff supervision, protection, assistance in personal care including medication administration, activities and recreation, palliative and pastoral care, housekeeping, laundry and environmental services, and an optional resident trust fund account. A resident’s needs are assessed and a service plan is written prior to admission to the home. A resident may contract with the home health care agency of their choice for nursing services if such care is needed.

Staff training includes assistance in personal care, medication administration, the facility's disaster plans, and all services identified in residents' service plans.

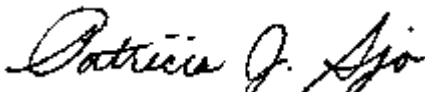
Legacy Lane Memory Care residents must have a physician's diagnosis of dementia or be the significant partner/spouse of a Legacy Lane resident. Staff persons that work in Legacy Lane are trained on the special needs of individuals who have dementia.


**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a 6-month temporary license to this home for the aged.

  
\_\_\_\_\_ 10/25/10  
Patricia J. Sjo Date  
Licensing Staff

Approved By:  
  
\_\_\_\_\_ 10/25/10  
Betsy Montgomery Date  
Area Manager