



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

November 30, 2012

Kathy Corbin
Trilogy Healthcare of Lapeer, LLC
Suite 200
303 N. Hurstbourne Pkwy.
Louisville, KY 40222

RE: Application #: AH440311638
Stonegate Health Campus
2525 DeMille Boulevard
Lapeer, MI 48446

Dear Ms. Corbin:

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 (248) 975-5053.

Sincerely,

Patricia J. Sjo, Licensing Staff
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Twp., MI 48038

Enclosure

cc: J. Merlo

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

I. IDENTIFYING INFORMATION

License #: AH440311638

Applicant Name: Trilogy Healthcare of Lapeer, LLC

Applicant Address: Suite 200
303 N. Hurstbourne Pkwy.
Louisville, KY 40222

Applicant Telephone #: (502) 213-1710

Authorized Representative: Kathy Corbin

Administrator: John Merlo

Name of Facility: Stonegate Health Campus

Facility Address: 2525 DeMille Boulevard
Lapeer, MI 48446

Facility Telephone #: (810) 245-9300

Application Date: 12/14/2010

Capacity: 39

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

11/03/2010 Contact – Document Received
Department of Community Health, Division of Health Facilities & Services, Health Facilities Engineering Section's (HFES) 10/25/10 Plan Review for new facility construction.

12/06/2010 Contact – Document Received
HFES's 11/30/10 Plan Review

12/14/2010 Enrollment

12/21/2010 Plan Review Request (AH ONLY)
Submitted to HFES and Bureau of Fire Services (BFS).

02/07/2011 Application Incomplete Letter Sent
Mailed to Julie Kearney, Authorized Representative.

02/24/2011 Contact – Document Received
Letter from Kathy Corbin, Trilogy's Licensure Analyst, stating that she has replaced Ms. Kearney as the facility's authorized representative.

02/24/2011 Contact – Document Sent
Email message to Paul Plevyak, Vice-President, requesting that he submit a change of authorized representative document.

03/07/2011 Contact – Document Received
Certificate of Appointment for Authorized Representative appointing Kathy Corbin.

09/06/2011 Construction Permit Received for 8/24/11 to 8/24/12 to build 60 nursing home beds and 39 HFA beds.

09/06/2011 Contact – Telephone call made to Ms. Corbin to inform her of the procedure for issuing a license.

09/06/2011 Contact – Document Sent
2/7/11 Application Incomplete letter sent to Ms. Corbin by email.

06/07/2012 Contact – Document Received
HFA License Application update with facility name changed from Lakes of Lapeer to Stonegate Health Campus; changed licensee address to 303 N. Hurstbourne Pkwy #200, Louisville, KY 40222; identified John Merlo as administrator; and requested license for dementia/Alzheimer's (but not aged). Policies and procedures were also received.

07/20/2012 Contact – Telephone call received from Ms. Corbin about the

approval process for the facility's admission contract, policies, and procedures for operating a home for the aged. I requested Mr. Merlo's qualifications as administrator and a license application update that includes the aged program.

- 07/23/2012 Contact – Document Received
Application update requesting license for Aged and Alzheimer's; Appointment of Administrator form for John Merlo; Mr. Merlo's resume/qualifications as HFA administrator.
- 08/17/2012 Contact – Document Received
Original surety bond for \$10,000.
- 09/04/2012 Contact – Telephone call made to Ms. Corbin about revisions needed to admission contracts. (In many email exchanges over the next two months, we sent documents back and forth and discussed revisions that were needed to the contracts, policies, procedures, and forms.)
- 10/08/2012 Contact – Telephone call received from Mr. Merlo. We scheduled on-site inspection for 10/9/12.
- 10/09/2012 Inspection Completed On-site
Interviewed Mr. Merlo; Dawn Chapman, Director of Health Services; Dee Craemer Smith, Operations Support Director; Tina Case, Business Office Manager; Phil Ferqueron, Director of Plant Operations; Thomas Rymsza, Director of Food Services; and Ann Kochanski, the administrator for two Trilogy facilities to open soon in Macomb Township. Identified revisions needed to policies, procedures, and forms. Inspected the building. License issuance is awaiting BFS and HFES approvals.
- 10/11/2012 Contact – Document Received
HFES's 10/2/12 Opening Survey Report for survey conducted on 9/28/12.
- 11/21/2012 Inspection Completed-Fire Safety : A
All deficiencies in prior inspection report were corrected.
- 11/29/2012 Contact – Document Received
Service plan form. The service plan form, admission contracts, program statements, and policies on admission, discharge, and resident rights and responsibilities are approved.
- 11/29/2012 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Stonegate Health Campus is a barrier-free, one-story, 39-bed home for the aged located in the City of Lapeer. The facility has an “assisted living” area with 26 beds and an Alzheimer’s care area named Legacy Lane with 13 beds. Separate dining rooms are provided for the assisted living and Legacy Lane areas. Two private dining rooms are 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 is provided for each resident room. Fenced and landscaped outdoor courtyards with sidewalks are provided for the assisted living and Legacy Lane areas.

A security code must be entered on a keypad before a person can enter or leave through Legacy Lane’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 mobility using a cane, walker, wheelchair, or staff assistance. 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 bathing and medication administration, activities and recreation, 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 after admission.

Staff training includes assistance in personal care, medication administration, the facility’s disaster plans, and all services identified in residents’ service plans. Legacy Lane 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 six-month temporary license to this home for the aged.

Patricia J. Sjo

11/30/12

Patricia J. Sjo
Licensing Staff

Date

Approved By:

Luttrell D. Levingston

11/30/12

Luttrell D. Levingston
Division Director

Date