



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 22, 2013

Ann Kochanski  
The Legacy at Shelby Crossing  
13712 21 Mile Road  
Shelby Township, MI 48315

RE: Application #: AH500315088  
The Legacy at Shelby Crossing  
13712 21 Mile Road  
Shelby Township, MI 48315

Dear Ms. Kochanski:

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 35 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 (517) 241-2585.

Sincerely,

Patricia J. Sjo, Licensing Staff  
Bureau of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 256-2006

Enclosure

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

**I. IDENTIFYING INFORMATION**

|                                   |   |
|-----------------------------------|---|
| <b>License #:</b>                 | AH500315088   |
| <b>Applicant Name:</b>            | Trilogy Healthcare of Macomb LLC                                  |
| <b>Applicant Address:</b>         | Suite 200<br>303 N. Hurstbourne Pkwy.<br>Louisville, KY 402225182 |
| <b>Applicant Telephone #:</b>     | (502) 412-5847  |
| <b>Authorized Representative:</b> | Ann Kochanski   |
| <b>Administrator:</b>             | Ann Kochanski   |
| <b>Name of Facility:</b>          | The Legacy at Shelby Crossing                                     |
| <b>Facility Address:</b>          | 13712 21 Mile Road<br>Shelby Township, MI 48315                   |
| <b>Facility Telephone #:</b>      | (586) 532-2100  |
| <b>Application Date:</b>          | 08/31/2011  |
| <b>Capacity:</b>                  | 35  |
| <b>Program Type:</b>              | AGED<br>ALZHEIMERS  |

## II. METHODOLOGY

|            |   |
|------------|---|
| 08/31/2011 | Enrollment  |
| 08/31/2011 | Contact – Document received. Certification of Appointment for Authorized Representative Kathy Corbin.   |
| 09/02/2011 | Plan Review Requests sent to the Health Facilities Engineering Section (HFES) of the Bureau of Health Systems and to the Bureau of Fire Services (BFS).   |
| 09/20/2011 | Application Incomplete Letter Sent  |
| 11/18/2011 | Contact – Document received. HFES's 10/10/11 Plan Reviews.  |
| 12/20/2011 | Construction Permit Received  |
| 11/20/2012 | Contact – Documents received. HFA License Application update changing facility's name from "The Legacy at Macomb" to "The Legacy at Shelby Crossing;" changing licensee's address; and identifying administrator as Ann Kochanski. Documentation that Ms. Kochanski has a nursing home administrator license. Surety bond for \$10,000. |
| 11/30/2012 | Comment: Trilogy's admission contract, refund policy, dementia program statement, admission and discharge policy and procedure, TB screening policy, policy on resident rights and responsibilities, and resident evaluation and service plan were approved for state-wide use.   |
| 01/09/2013 | Contact – Telephone call received from Kathy Corbin.  |
| 01/09/2013 | Contact – Documents received. Updated application.  |
| 01/13/2013 | Contact – Document sent. Email message to Ms. Kochanski.  |
| 01/14/2013 | Contact – Document received. Email message from Ms. Kochanski.  |
| 02/28/2013 | Contact – Document received. Certificate of Appointment for Authorized Representative.  |
| 04/01/2013 | Application Complete/On-site Needed.  |
| 04/04/2013 | Contact – Document sent. Email messages to Ms. Kochanski.   |
| 04/16/2013 | Inspection Completed On-site  |
| 04/16/2013 | Contact – Documents received. Revised dementia program  |

statement and revised disaster plan for explosion.

04/15/2013 Inspection Completed – Fire Safety: A

04/18/2013 Occupancy Approval.

04/18/2013 Comment: I conducted a business entity search on the Department of Licensing and Regulatory Affairs website for The Legacy at Shelby Crossing. This name was registered as an assumed name for Trilogy Healthcare of Macomb, LLC.

04/19/2013 Contact – Document sent. Email message sent to Ms. Kochanski.

04/22/2013 Inspection Completed – Full Compliance.

04/22/2013 Recommend License Issuance.

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

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

The Legacy at Shelby Crossing is a newly constructed, barrier-free, one-story, 35-bed home for the aged for dementia care located in Shelby Township. The home has water and sewer services provided by the township. The home has a secure, fenced, and landscaped outdoor courtyard with sidewalks. Each resident room has a private bathroom with walk-in shower with bench seat, toilet, sink, and grab bars; a heat and air conditioning unit; and call lights in bedroom and bathroom to summon staff assistance. The home has a large dining room, a private dining room, and activity and living rooms.

All exit doors are equipped with a 15-second delay alarmed door. The alarm does not ring if the door is opened by entering a security code on a key pad.

A 40-bed HFA for aged care that is attached to a 57-bed nursing home are nearby on the campus. 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 require one-person assistance or use of a mechanical lift for transfers in/out of a wheelchair and bed. 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 and laundry

services, and an optional resident trust fund account. A “daily rhythms program” provides meaningful activities for residents. A resident may “age in place” and receive additional care and assistance if needed after admission, including 2-person assistance in transfers and ambulation.

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 or hospice services if such care is needed after admission.

Staff training includes assistance in personal care, medication administration, the facility’s disaster plans, resident rights, dementia, behavior management, and all services identified in residents’ service plans.

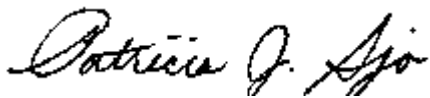
A resident must have a physician’s diagnosis of dementia or be the significant partner/spouse of a resident.

**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

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



4/22/13

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Patricia J. Sjo  
Licensing Staff

Approved By:



4/22/13

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Betsy Montgomery  
Area Manager