



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 20<sup>th</sup>, 2020

Joseph Ermiger  
Trilogy Healthcare of Ingham, LLC  
303 N. Hurstbourne Pkwy  
Louisville, KY 40222-5185

RE: License #:	AH330342717 The Willows at Okemos 4830 Central Park Drive Okemos, MI 48864
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Dear Mr. Ermiger:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan and acceptable fire safety report a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH330342717
<b>Licensee Name:</b>	Trilogy Healthcare of Ingham, LLC
<b>Licensee Address:</b>	#2 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
<b>Licensee Telephone #:</b>	(517) 349-3600
<b>Administrator/Authorized Representative:</b>	Joseph Ermiger
<b>Name of Facility:</b>	The Willows at Okemos
<b>Facility Address:</b>	4830 Central Park Drive Okemos, MI 48864
<b>Facility Telephone #:</b>	(517) 349-3600
<b>Original Issuance Date:</b>	06/09/2014
<b>Capacity:</b>	24
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/18/20

Date of Bureau of Fire Services Inspection if applicable: 10/17/19

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 11/20/20

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Resident funds not kept on site
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
- Number of excluded employees followed up? N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>MCL 333.20201</b>	<b>Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.</b>
	<b>(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</b>
Inspection of the facility revealed Resident Rights and Responsibilities was not posted.	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	<b>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the</b>

	<p>resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Upon my inspection, Resident A and B had bedside assistive devices attached to their bed.</p> <p>The service plans for the residents lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Licensing study report #20181105 dated 3/1/19 corrective action plan dated 04/5/19.</b></p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Review of Resident A, and B records revealed the facility did not complete an annual tuberculous (TB) screen.</p>	

<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(2) A home shall provide/ initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b></p>
Review of caregiver Mey-Key employee record revealed the facility did not conduct an annual TB screening.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b></p>
<b>Reference: R325.1901</b>	<b>Definitions.</b>
	<p><b>(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.</b></p>
Review of Resident A's service plan revealed lack of detail regarding her specific needs. For instance, Resident A MAR read, "apply onement under bilateral breast/groin and abdominal folds. Apply sure-prep to BIL heels daily. Prop up (bilateral) heels while in bed. Encourage resident to wear Tubi Grip daily. However, there was no mention in the service plan the amount of assistance Resident A	

<p>required with applying this ointment. Similar findings were observed in Resident B service plan.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Licensing study report #20181105 dated 3/1/19 corrective action plan dated 04/5/19.</b></p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
<p>Review of resident medication administration records (MAR) revealed a lack of instruction for staff to follow when administering as needed medications. Resident A was prescribed Acetaminophen 325mg tablet with instruction to administer one tablet every six hours as needed. In addition, Resident A was prescribed Ibuprofen 600mg tablet with instruction to administer one tablet every six hours as needed. The instructions lacked what resident conditions staff should administer the medications for. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Licensing study report #20181105 dated 3/1/19 corrective action plan dated 04/5/19.</b></p>	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>
<p>Inspection of the facility revealed therapeutic and special diets were not posted.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b>
<p>Inspection of the facility revealed in the common area refrigerator there was leftover food that was previously served and was not destroyed.</p>	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and acceptable fire safety rating renewal of the license is recommended.

*Kimberly Host*

11/20/20

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Date

Licensing Consultant