



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 29, 2021

Derrick Redman
The Legacy at the Oaks
706 North Avenue
Battle Creek, MI 49017-3251

RE: License #:	AH130297466 The Legacy at the Oaks 706 North Avenue Battle Creek, MI 49017-3251
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Dear Mr. Redman:

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, 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

License #:	AH130297466
Licensee Name:	Trilogy Healthcare of Battle Creek, LLC
Licensee Address:	Suite 200 303 N.Hurstbourne Pkwy #2 Louisville, KY 40222
Licensee Telephone #:	(502) 213-1710
Authorized Representative/ Administrator	Derrick Redman
Name of Facility:	The Legacy at the Oaks
Facility Address:	706 North Avenue Battle Creek, MI 49017-3251
Facility Telephone #:	(269) 964-4655
Original Issuance Date:	11/21/2008
Capacity:	30
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/27/21

Date of Bureau of Fire Services Inspection if applicable: 10/27/20

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/29/21

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role N/A

- 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 in trust
- 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: 1/13/20: R 325.1931(2)
-
- 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:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(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 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 had bedside assistive devices attached to their bed.</p> <p>I interviewed caregiver Dottie Mitchell. Ms. Mitchell reported Resident A brought the bed from home with the bedrails attached to the bed.</p> <p>I reviewed Resident A's records and found physician orders for the bedside assistive devices.</p> <p>The service plan for Resident A 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>The facility bedrail policy read, <i>"The intent of this requirement is to ensure that prior to the installation of bed rails, the facility has attempted to use alternatives; if the alternatives that were attempted</i></p>	

were not adequate to meet the resident's needs, the resident is assessed for the use of bed rails, which includes a review of risks including entrapment; and informed consent is obtained from the resident or if applicable, the resident's representative. The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained. The use of bed rails as an assistive device should be addressed in the resident's care plan."

R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Acetaminophen 500mg tablet with instruction to administer four times as needed for mild pain. In addition, Resident A was prescribed Acetaminophen 300mg with instruction to administer twice a day for pain. 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. The general and nonspecific physician orders for these medications necessitated the staff to seek further instruction. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.

R 325.1953	Menus.
	(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.

Inspection of the facility revealed there was no weekly menu posted. In addition, there was no therapeutic or special diet posted for the week.

R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.

Inspection of the facility kitchen revealed there was leftover food that had been served and not destroyed.

R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.

Inspection of the facility revealed starch laundry soap was unlocked and easily accessible to residents. Easily accessible and hazardous and toxic materials are an unnecessary ingestion and poisoning risk to residents with poor safety awareness.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kimberly Host

7/29/21

Licensing Consultant Date