



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

ORLENE HAWKS
 DIRECTOR

September 3rd, 2021

Joseph Ermiger
 Trilogy Health Care of Clinton, LLC
 303 N. Hurstbourne Pkwy
 Louisville, KY 40222-5185

RE: License #:	AH330336309 The Willows at East Lansing 3500 Coolidge Road East Lansing, MI 48823
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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, 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 #:	AH330336309
Licensee Name:	Trilogy Health Care of Clinton, LLC
Licensee Address:	#2 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	(517) 203-4042
Authorized Representative/ Administrator:	Joseph Ermiger
Name of Facility:	The Willows at East Lansing
Facility Address:	3500 Coolidge Road East Lansing, MI 48823
Facility Telephone #:	(517) 203-4042
Original Issuance Date:	02/13/2014
Capacity:	36
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/30/2021

Date of Bureau of Fire Services Inspection if applicable: 11/19/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/3/21

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 5

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.
- 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:	
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 style="padding-left: 40px;">(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 and Resident B had bedside assistive devices attached to their bed.</p> <p>I reviewed Resident A and B's records and found physician orders for the bedside assistive devices.</p> <p>The service plan for Resident A and Resident B 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,</p> <p><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 were not adequate to meet the resident's needs, the resident is assessed for the use</i></p>	

<i>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."</i>	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
Inspection of the facility kitchen revealed that the walk-in freezer contained items that were opened, unsealed, and were not dated (including but not limited to French fries, hash browns, cookie dough and other items).	
R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.
Inspection of the refrigerator in the common area revealed food, such as bagel, grapes, and dressing, that was served and was not destroyed.	

IV. RECOMMENDATION

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

Kimberly Host

9/1/21

Licensing Consultant

Date