



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 2, 2021

Marcus Badia
Stonegate Health Campus
2525 DeMille Boulevard
Lapeer, MI 48446

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

Dear Mr. Badia:

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 licensee or licensee designee or home for the aged authorized representative and a date.

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH440311638
Licensee Name:	Trilogy Healthcare of Lapeer, LLC
Licensee Address:	Suite 200 303 N. Hurstbourne Pkwy. Louisville, KY 40222
Licensee Telephone #:	(502) 213-1710
Administrator/Authorized Representative:	Marcus Badia
Name of Facility:	Stonegate Health Campus
Facility Address:	2525 DeMille Boulevard Lapeer, MI 48446
Facility Telephone #:	(810) 245-9300
Original Issuance Date:	11/30/2012
Capacity:	39
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/2/21

Date of Bureau of Fire Services Inspection if applicable: 12/22/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/2/21

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 20
No. of others interviewed N/A 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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: SIR#2019A0784026:1922(4) - SIR#2020A0784035: 1913(2)
- Number of excluded employees followed up? 5 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
For Reference: R 325.1901	Definitions
	(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.
Review of service plans for Residents A, B and C revealed little to no details are provided specific to their care and maintenance needs. For example, Resident A's service plan indicates he needs "assistance as needed" with <i>Hygiene/Dressing Performance</i> but provides no specific details as to what constitutes "as needed" or in what ways Resident A specifically needs assistance.	
VIOLATION ESTABLISHED	

IV. RECOMMENDATION

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

Daron L. Clum

9/2/21

Date

Licensing Consultant