



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 16, 2023

Roberta Morrie
Trinity Home Health Agency LLC
3407 125th Avenue
Allegan, MI 49010

RE: License #: AS030394330
Trinity House
3407 125th Avenue
Allegan, MI 49010

Dear Ms. Morrie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AS030394330

Licensee Name: Trinity Home Health Agency LLC

Licensee Address: 3407 125th Avenue
Allegan, MI 49010

Licensee Telephone #: (269) 680-0732

Licensee/Licensee Designee: Roberta Morrie

Administrator: Roberta Morrie

Name of Facility: Trinity House

Facility Address: 3407 125th Avenue
Allegan, MI 49010

Facility Telephone #: (269) 680-0732

Original Issuance Date: 08/06/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/15/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 11/06/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.734 **400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.**

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

Due to the length of this entire rule, including subrules, please use individual subrules or auto text.

Staff member Natasha Hoogerhyde and staff member Crystal Vaness did not have workforce background checks. Licensee designee reported being unable to log in or being locked out of the workforce background check website for an undetermined amount of time.

R 400.14203 **Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

Licensee designee had not completed the required 16 hours of training. This is a repeat violation cited in AS030394330_RNWL_20201104 and dated 02/09/2021. A corrective action plan was received and approved on 01/26/2021.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff member Rosemary McKinley did not have TB results. This is a repeat violation cited in AS030394330_RNWL_20201104 and dated 02/06/2019. A corrective action plan was received and approved on 03/05/2019.

R 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident A, Resident B and Resident C had over \$200 in resident funds.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Floors and carpeting throughout the facility are in need of repair. Licensee designee reported moving to another location but had not yet applied for a new license at the new location. An acceptable corrective action agreed upon with the licensee designee is completing the application and inspection process and receiving a new license at the new location and then closing the license for this current location.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



02/16/2023

Eli DeLeon
Licensing Consultant

Date