



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 13, 2024

Andrea Gold  
Trilogy Healthcare of Livingston, LLC  
Suite 200  
303 N. Hurstbourne Pkwy  
Louisville, KY 40222-5185

RE: License #:	AH470395495 The Legacy at Howell 1550 Byron Road Howell, MI 48855
----------------	--

Dear Andrea Gold:

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*  
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>	AH470395495
<b>Licensee Name:</b>	Trilogy Healthcare of Livingston, LLC
<b>Licensee Address:</b>	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
<b>Licensee Telephone #:</b>	(502) 412-5847
<b>Authorized Representative:</b>	Andrea Gold
<b>Administrator:</b>	Andrea Gold
<b>Name of Facility:</b>	The Legacy at Howell
<b>Facility Address:</b>	1550 Byron Road Howell, MI 48855
<b>Facility Telephone #:</b>	(517) 552-9323
<b>Original Issuance Date:</b>	10/29/2020
<b>Capacity:</b>	35
<b>Program Type:</b>	ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/13/2024

Date of Bureau of Fire Services Inspection if applicable: 04/27/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
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: 2023A1021040: R 325.1932(5) dated 04/26/2023
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p><b>This facility was found to be in non-compliance with the following rules:</b></p>	
<p><b>R 325.1922</b></p>	<p><b>Admission and retention of residents.</b></p>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of 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 HealthCare 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.</b></p>
<p>Review of facility records revealed the facility did not complete the tuberculosis annual risk assessment.</p>	
<p><b>R 325.1923</b></p>	<p><b>Employee's health.</b></p>
	<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 staff person 1 (SP1) employee record revealed SP1 was hired on 12/26/2022 but did not receive a tuberculosis (TB) test until 02/07/2023. In addition, review of facility documentation revealed the facility did not complete the yearly TB risk assessment.	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
Inspection of the facility kitchen revealed the facility does not complete a meal census.	
<b>R 32.1964 (9)</b>	<b>Interiors.</b>
	<b>(9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes.</b>
Inspection of the facility revealed the soiled linen room did not have continuous air flow.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.</b>
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The facility kitchen had no record of testing the heat sanitation. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	

#### IV. RECOMMENDATION

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

*Kimberly Host*

02/13/2024

---

Licensing Consultant Date