



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2024

Andrea Gold
The Willows at Howell
1500 Byron Road
Howell, MI 48855

RE: License #:	AH470342721 The Willows at Howell 1500 Byron Road Howell, MI 48855
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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, 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 #:	AH470342721
Licensee Name:	Trilogy Healthcare of Livingston, LLC
Licensee Address:	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	(502) 412-5847
Authorized Representative/ Administrator	Andrea Gold
Name of Facility:	The Willows at Howell
Facility Address:	1500 Byron Road Howell, MI 48855
Facility Telephone #:	(517) 552-9323
Original Issuance Date:	06/15/2015
Capacity:	39
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2024

Date of Bureau of Fire Services Inspection if applicable: 01/03/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/22/2024

No. of staff interviewed and/or observed 3
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.
- 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:
- No corrective action plans to review
- 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.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) "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.
Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Lorazepam Tab 0.5mg with instruction to administer one tablet as needed for anxiety, agitation, restlessness. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were found with Resident C.	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
Review of Resident A and C's documents revealed residents were on hospice services. However, their hospice agency and role of hospice was not detailed in the resident's service plans.	

R 325.1932	Resident medications.
	(1)A service plan must identify prescribed medication to be self-administered or managed by the home.
Review of Resident B's MAR revealed Resident B kept various medications in his room. However, review of Resident B's service plan revealed the facility was to manage Resident B's medications. The service plan did not correctly identify that the facility was to administer medications and the resident would also administer medications.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Kimberly Host

04/22/2024

Licensing Consultant Date