



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 7, 2025

Kathy Corbin  
Trilogy Healthcare of Muskegon LLC  
303 N. Hurstbourne Pkwy Suite 200  
Louisville, KY 40222

RE: License #: AH610411555  
Harbor Terrace Senior Living  
60 Viridian Drive  
Muskegon, MI 49440

Dear Licensee:

Attached is the Regular 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) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH610411555
<b>Licensee Name:</b>	Trilogy Healthcare of Muskegon LLC
<b>Licensee Address:</b>	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 412-5847
<b>Authorized Representative:</b>	Kathy Corbin
<b>Administrator:</b>	Jared Mervenne
<b>Name of Facility:</b>	Harbor Terrace Senior Living
<b>Facility Address:</b>	60 Viridian Drive Muskegon, MI 49440
<b>Facility Telephone #:</b>	(502) 213-7575
<b>Original Issuance Date:</b>	10/16/2024
<b>Capacity:</b>	41
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/07/2025

Date of Bureau of Fire Services Inspection if applicable: 9/10/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 04/07/2025

No. of staff interviewed and/or observed 16  
No. of residents interviewed and/or observed 9  
No. of others interviewed 0 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. No resident funds held in trust
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Bureau of Fire Services (BFS) reviews fire drills. Disaster plans were reviewed with employees.
- 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: N/A
- Number of excluded employees followed up? 1 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in non-compliance with the following rule:

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.</b>
<b>ANALYSIS:</b>	Inspection of the walk-in refrigerator in the kitchen revealed a rack of dessert pies on several trays were uncovered and exposed to the elements and potential contamination. As a result, the facility was not in compliance with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### IV. RECOMMENDATION

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



04/07/2025

Licensing Consultant

Date