



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 24, 2021

Brent Hayes
The Oaks at Woodfield
5370 Baldwin Rd.
Grand Blanc, MI 48439

RE: License #: AH250314824
The Oaks at Woodfield
5370 Baldwin Rd.
Grand Blanc, MI 48439

Dear Mr. Hayes:

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 (517) 284-9730.

Sincerely,

Aaron L. Clum
Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250314824
Licensee Name:	Trilogy Healthcare of Genesee LLC
Licensee Address:	303 N. Hurstbourne Pkwy. Louisville, KY 40222-5185
Licensee Telephone #:	(502) 213-7575
Administrator/Authorized Representative:	Brent Hayes
Name of Facility:	The Oaks at Woodfield
Facility Address:	5370 Baldwin Rd. Grand Blanc, MI 48439
Facility Telephone #:	(810) 606-9950
Original Issuance Date:	11/02/2012
Capacity:	38
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/24/21

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/24/21

No. of staff interviewed and/or observed 8
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: N/A
- Number of excluded employees followed up? 1 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 and B revealed little to no details are provided specific to their care and maintenance needs. For example, Resident B's service plan indicates she 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 and approved Bureau of Fire Services inspection, renewal of the license is recommended.

Aaron L. Clum

9/24/21

Date

Licensing Consultant