



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 14, 2021

Kelsey Warshefski  
Trinity Continuing Care Services  
Suite 200  
17410 College Parkway  
Livonia, MI 48152

RE: License #: AL810261121  
**St. Joseph's Village #1**  
**1st Floor**  
**5341 McAuley Dr.**  
**Ypsilanti, MI 48197**

Dear Ms. Warshefski:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,



Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

**License #:** AL810261121

**Licensee Name:** Trinity Continuing Care Services

**Licensee Address:** Suite 200  
17410 College Parkway  
Livonia, MI 48152

**Licensee Telephone #:** (301) 557-1401

**Licensee/Licensee Designee:** Kelsey Warshefski

**Administrator:** Susan Johnson

**Name of Facility:** St. Joseph's Village #1

**Facility Address:** 1st Floor  
5341 McAuley Dr.  
Ypsilanti, MI 48197

**Facility Telephone #:** (734) 712-1600

**Original Issuance Date:** 03/31/2005

**Capacity:** 13

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/08/2021

Date of Bureau of Fire Services Inspection if applicable: 07/27/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type:             Interview and Observation    Worksheet  
    Combination      Full Fire Safety

No. of staff interviewed and/or observed     2  
No. of residents interviewed and/or observed     2  
No. of others interviewed                Role:           

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to COVID-19.
- 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.  
No meals prepared/served during renewal inspection.
- 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.  
No follow-up needed.
- 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:

**R 400.15301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Annual health care appraisal not completed for 2020 for both residents, CA and MA.

**R 400.15301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Annual written assessment not completed for 2020 for resident, CA.

**R 400.15301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and**

responsible agency, if applicable, at least annually or more often if necessary.

Annual Resident Care Agreement not completed form 2020 for resident, CA.

#### **IV. RECOMMENDATION**

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



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Vanita C. Bouldin  
Licensing Consultant

Date: 10/14/2021