



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

September 23, 2021

Joseph Ermiger
Trilogy Health Care of Clinton, LLC
303 N. Hurstbourne Pkwy
Louisville, KY 40222-5185

RE: License #:	AH330336314 The Legacy at The Willows Legacy Bldg 3510 Coolidge Rd East Lansing, MI 48823
----------------	---

Dear Mr. Ermiger:

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 #:	AH330336314
Licensee Name:	Trilogy Health Care of Clinton, LLC
Licensee Address:	#2 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	
Authorized Representative/ Administrator:	Joseph Ermiger
Name of Facility:	The Legacy at The Willows
Facility Address:	Legacy Bldg 3510 Coolidge Rd East Lansing, MI 48823
Facility Telephone #:	(517) 203-4042
Original Issuance Date:	02/13/2014
Capacity:	35
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/22/21

Date of Bureau of Fire Services Inspection if applicable: 11/19/20

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/27/21

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:
- 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 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of initial 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 Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), 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.</p>
Interview with administrator Joseph Ermiger revealed the facility is still completing yearly tuberculosis (TB) testing for residents and is not completing a yearly risk assessment screening for TB.	
R 325.1931	Employees; general provisions.
	<p>(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.</p>
Review of Resident A’s service plan revealed lack of detail pertaining to her care needs. For an example, there was no information as to what type of mobility assistance Resident A required when ambulating or if an assistive device was needed. Resident A was identified as a two person assist for transfers and hygiene. However, it does not define the type of assistance needed and it did not identify for staff what tasks she needed assistance with. Resident A is also active with hospice services, and this was not identified in her service plan.	
R 325.1932	Resident medications.

	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Ativan with instruction to administer one tablet by mouth every four hours as needed for anxiety. 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.	
R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.
Inspection of the facility revealed there was no therapeutic menu posted for the current week.	
R 325.1976	Kitchen and dietary.
	(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.
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The dietary worker was unable to demonstrate how to test the dishwasher to ensure dishes were sanitized. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
Inspection of the facility kitchen revealed that the freezer contained items that were opened, unsealed, and were not dated (including but not limited to French fries, mixed vegetables, and hash browns).	
R 325.1976	Kitchen and dietary.

	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Inspection of the kitchen revealed there was no internal thermometer in the refrigerator and freezer.	

IV. RECOMMENDATION

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

Kimberly Host

9/23/21

Licensing Consultant

Date