



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 22, 2022

Elisabeth Delaney
Legacy at Orchard Grove
71301 Orchard Crossing Ln
Romeo, MI 48065

RE: License #: AH500367780

Dear Ms. Delaney:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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.

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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500367780
Licensee Name:	Trilogy Healthcare of Romeo, LLC
Licensee Address:	#200 303 N. Hurstbourne Pkwy. Louisville, KY 40222
Licensee Telephone #:	(502) 412-5847
Administrator and Authorized Representative:	Elisabeth Delaney
Name of Facility:	Legacy at Orchard Grove
Facility Address:	71301 Orchard Crossing Ln Romeo, MI 48065
Facility Telephone #:	(586) 372-4899
Original Issuance Date:	03/14/2017
Capacity:	35
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/22/2022

Date of Bureau of Fire Services Inspection if applicable: 09/15/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/22/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 16
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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services is responsible for reviewing fire drills, however facility disaster planning procedures were reviewed.
- 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? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities.</p>	
R 325.1922	<p>Admission and retention of residents.</p>
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.</p>
<p>Resident A moved into the facility on 10/4/22. Documentation provided by the facility reveals that Resident A received her TB screen onsite on 10/4/22 and not prior to admission.</p>	
R 325.1923	<p>Employee's health.</p>
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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. Each 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 need to conduct annual TB testing for employees.</p>

The facility was unable to produce initial TB screen results for Employees A and B.	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
<p>Medication administration records (MAR) were reviewed and the following observations were made:</p> <p>Resident A was administered one or more doses of scheduled medications outside of written parameters on 10/31/22, 11/1/22 and 11/19/22. Resident A also missed a medication on 11/16/22 which staff reported was not administered “due to condition”; staff failed to document the condition or rationale for the missed administration.</p> <p>Resident B was administered one or more doses of scheduled medications outside of written parameters on 10/27/22. Staff documented “staff available earlier in the day” as the reason.</p>	
R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p>
<p>For the timeframe reviewed, I observed that each resident MAR reviewed showed practices of staff not always documenting medication passes at the time medications are administered. For example, staff would document that medications were given on time but would notate “charted late” in the MAR. For Resident A, this occurred for one or more medications on 10/4/22, 10/5/22, 10/6/22, 10/7/22, 10/8/22, 10/10/22, 10/11/22, 10/13/22, 10/14/22, 10/16/22, 10/17/22, 10/21/22, 10/24/22, 10/28/22, 10/29/22, 10/30/22, 11/8/22, 11/9/22, 11/11/22 and 11/19/22.</p>	

<p>For Resident B, this occurred for one or more medications on 10/1/22, 10/6/22 and 11/5/22.</p> <p>For Resident C, this occurred for one or more medications on 10/2/22, 10/3/22, 10/6/22 and 10/8/22.</p>	
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.
<p>Multiple perishable food items located in the commercial freezer lacked proper labeling, dating and/or sealing. The items included but were not limited to bread sticks, chicken tenders, hash browns, tater tots, muffins and produce.</p>	
R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
<p>Kitchen staff were not consistently keeping record of food storage temperatures. The last documented temperature check on file was dated 5/12/22.</p>	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
<p>Kitchen staff reported that the commercial dish machine uses heat and chemicals to sanitize the utensils and dishware, however chemical levels and temperatures are not being checked to ensure the items are properly cleaned.</p>	

IV. RECOMMENDATION

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



11/22/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date