



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2023

Jill Long
Legacy Hilltop Senior Living
14079 Stone Jug Road
Battle Creek, MI 49015

RE: License #: AS130413807
Legacy Hilltop Senior Living
14079 Stone Jug Rd.
Battle Creek, MI 49015

Dear Mrs. Long:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance for each violation.

Once I received documentation of compliance for each violation. I will implement the documentation in your facility file. 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 (517) 284-9730.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License #:	AS130413807
Licensee Name:	Legacy Hilltop Senior Living
Licensee Address:	14079 Stone Jug Road Battle Creek, MI 49015
Licensee Telephone #:	(269) 719-2812
Licensee/Licensee Designee:	Jill Long
Administrator:	N/A
Name of Facility:	Legacy Hilltop Senior Living
Facility Address:	14079 Stone Jug Rd. Battle Creek, MI 49015
Facility Telephone #:	(269) 719-2812
Original Issuance Date:	09/29/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/07/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/03/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
CAP 03/07/2023, 208 (1), 301(10), 401(2), 511 (4) and 512 (1). 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 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(e) Verification of experience, education, and training.

During the onsite inspection, six employee files were reviewed, only one employee file was observed containing required documents of employee application, employee resume, employee references, employee reference checks verified, training certificates or listed completed trainings.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(h) Medical information, as required.

During the onsite inspection, direct care worker Natasha Williams medical information relating to tuberculosis testing was observed; however, there were no dates or times confirming Ms. Williams completed the TB test.

R 400.14301 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.

During the onsite inspection, an updated health care appraisal for Resident A was completed inside the resident's file. In accordance with AFC licensing rules, every resident must have a written health care appraisal completed annually.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At the time of the onsite inspection, hot water temperatures were checked various places in the home and found to measure 122.3 degrees which is higher than required and potentially a hazard for residents.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

At the time of the inspection, combustible materials were observed lying next to the furnace.

R 400.14512 Electrical service.

(1) The electrical service of a home shall be maintained in a safe condition.

At the time of the inspection, the electrical service panel was covered by a plywood door making access to the electrical service panel difficult.

A corrective action plan was requested and approved on 03/07/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kevin L. Sellers

03/10/2023

Kevin Sellers
Licensing Consultant

Date