



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 18, 2023

Sharon Cuddington  
Trinity Continuing Care Services  
20555 Victor Parkway, Suite 200  
Livonia, MI 48152

RE: License #: AL810261123  
**St. Joseph's Village #2**  
**2nd Floor**  
**5341 McAuley Dr.**  
**Ypsilanti, MI 48197**

Dear Ms. Cuddington:

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,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive, flowing style.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL810261123

**Licensee Name:** Trinity Continuing Care Services

**Licensee Address:** Suite 200  
20555 Victor Parkway  
Livonia, MI 48152

**Licensee Telephone #:** (810) 989-7492

**Licensee/Licensee Designee:** Sharon Cuddington

**Administrator:** Sharon Cuddington

**Name of Facility:** St. Joseph's Village #2

**Facility Address:** 2nd Floor  
5341 McAuley Dr.  
Ypsilanti, MI 48197

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

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

**Capacity:** 19

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2023

Date of Bureau of Fire Services Inspection if applicable: 06/29/2023

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No 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.
- 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:  
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.**

**(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.**

Residents, GP and PA, written assessments were not completed annually, not completed for 2022.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



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Vanita C. Bouldin  
Licensing Consultant

Date: 10/18/2023