



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 5, 2023

Hailey Abbo and Daniel Sprinkle
26650 Pontiac Trail
South Lyon, MI 48178

RE: License #: AF630415797
Lyon's Trail Senior Living
26650 Pontiac Trail
South Lyon, MI 48178

Dear Hailey Abbo and Daniel Sprinkle:

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 have submitted documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AF630415797
Licensee Name:	Hailey Abbo and Daniel Sprinkle
Licensee Address:	26650 Pontiac Trail South Lyon, MI 48178
Licensee Telephone #:	(248) 935-0278
Name of Facility:	Lyon's Trail Senior Living
Facility Address:	26650 Pontiac Trail South Lyon, MI 48178
Facility Telephone #:	(248) 935-0278
Original Issuance Date:	06/22/2023
Capacity:	3
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2023

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

Date of Health Authority Inspection if applicable: 03/29/23

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

1

No. of others interviewed 2 Role: Licensees

- 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.
Inspection did not occur during meal time
- 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 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

The December 2023 medication administration record (MAR) for Resident S was initialed for the pm dose of Tamsulosin Cap 0.4mg on 12/05/23, but the medication was not passed yet.

The label instructions on the bubble pack for Resident S's Atorvastatin 40mg stated take 1 tablet daily at bedtime, but the MAR had the medication time noted as 9:00am. The licensee stated the medication is given at night. The MAR was initialed for 12/05/23, but the medication was not passed yet.

A corrective action plan was requested and approved on 12/05/2023. 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.



12/05/2023

Kristen Donnay
Licensing Consultant

Date