



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 14, 2023

Brandy Shumaker
Trilogy Healthcare of Ingham, LLC
303 N. Hurstbourne Pkwy
Louisville, KY 40222-5185

RE: License #:	AH330342717 The Willows at Okemos 4830 Central Park Drive Okemos, MI 48864
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Dear Brandy Shumaker:

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 #:	AH330342717
Licensee Name:	Trilogy Healthcare of Ingham, LLC
Licensee Address:	303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	
Authorized Representative/ Administrator:	Brandy Shumaker
Name of Facility:	The Willows at Okemos
Facility Address:	4830 Central Park Drive Okemos, MI 48864
Facility Telephone #:	(517) 349-3600
Original Issuance Date:	06/09/2014
Capacity:	24
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2023

Date of Bureau of Fire Services Inspection if applicable: 01/23/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/14/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

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.
- 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? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.</p>	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Xanax 0.25mg with instruction to administer one tablet as needed. Review of Resident A's service plan revealed lack of detailed information on how the resident demonstrates behaviors and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p>	
R 325.1922	Admission and retention of residents.
	<p>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</p>
<p>Review of Resident A service plan revealed lack of detail pertaining to Resident A's hospice company, such as hospice company name, hospice involvement, and role of hospice in Resident A's care.</p>	

R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
Inspection of the facility kitchen revealed the facility did not complete a meal census to include the kind and amount of food used for the preceding 3-month period.	

IV. RECOMMENDATION

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

Kimberly Hart

11/14/2023

Licensing Consultant Date