



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2024

Kathy Corbin
Trilogy Healthcare of Muskegon LLC
Suite 200
303 N. Hurstbourne Pkwy
Louisville, KY 40222

RE: Application #: AH610411555
Harbor Terrace Senior Living
60 Viridian Drive
Muskegon, MI 49440

Dear Licensee:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 41 is issued.

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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit 13 7th Floor
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH610411555
Applicant Name:	Trilogy Healthcare of Muskegon LLC
Applicant Address:	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222
Applicant Telephone #:	(502) 412-5847
Authorized Representative:	Kathy Corbin
Administrator:	Ryan Hoekstra
Name of Facility:	Harbor Terrace Senior Living
Facility Address:	60 Viridian Drive Muskegon, MI 49440
Facility Telephone #:	(502) 213-7575
Application Date:	01/25/2022
Capacity:	41
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

01/25/2022	Enrollment
04/27/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Authorized Rep Kathy Corbin
04/27/2022	Contact - Document Sent BCAL 1605 to BFS, HFES & applicant
06/30/2022	Contact - Document Received 1326/RI 030/Fingeprprint for Kathy Corbin
06/30/2022	File Transferred To Field Office Via SharePoint
07/05/2022	Application Incomplete Letter Sent Application incomplete letter sent to applicant's authorized representative Kathy Corbin via email.
07/06/2022	Contact - Document Received AR Kathy Corbin wrote that she will send an updated application at a later date - listing the operation and property ownerships.
07/08/2022	Contact - Document Received AR Kathy Corbin submitted an incomplete application - changing the address of the facility - but omitting the list of LLC members and omitting the persons/companies with ownership interest. The application referenced a list of LLC members attached - it was not. The application also referenced an organization chart was submitted for Section IV - it was not submitted, nor is an organization chart requested. Section IV requests all persons/companies with ownership interest and whether each entity has ownership in the operation, property, or both. I returned the application to K. Corbin for completion.
07/08/2022	Comment AR K. Corbin emailed that facility address is to be changed from 601 Terrace Street to 60 Viridian Drive - and she will notify BFS & HFES. Awaiting a complete application information update before making the change in BITS.
04/10/2023	Contact - Document Received Updated BCAL1603 form received - same authorized representative just changed facility name and address.
05/26/2023	Contact - Document Received

	APPLICATION REVISED - facility name changed from Muskegon Health Campus to Harbor Terrace Senior Living, and facility address changed from 601 Terrace Street to 60 Veridian Drive - submitted from Cristina Pietrowski, Senior VP dated 4/10/2023.
05/26/2023	Contact - Document Sent REVISED BCAL1605 forms sent to HFES, BFS, and applicant via AR Kathy Corbin email - to reflect new facility name (from Muskegon Health Campus to Harbor Terrace Senior Living) and from 601 Terrace Street to 60 Veridian Drive.
05/26/2023	Plan Review Request (AH ONLY) REVISED BCAL1605 forms sent via email to HFES, BFS, and applicant via AR Kathy Corbin - to reflect new facility name (from Muskegon Health Campus to Harbor Terrace Senior Living) and from 601 Terrace Street to 60 Veridian Drive.
10/14/2024	Application Complete/On-site Needed
10/14/2024	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Harbor Terrace Senior Living is a two-story building with the home for the aged (HFA) and nursing home on the ground level. The main entrance of the HFA is a shared entry point leading to a large foyer where visitors must choose to enter the general assisted living on the right, memory care area on the left, or use the elevator to access the second-floor independent living operation. Both general and memory care HFA areas, through separate, are both outfitted with keypad or fob security features to limit unexpected entry.

The corridor off to the right of the building entrance is comprised of the general assisted living area called "the Lighthouse." The Lighthouse is comprised of a total of 23 studio style resident rooms, four of which are semiprivate rooms. There is a sitting area with a fireplace, a recreation room, staff workstation and medication room, and a bistro area where residents can gather for beverages. There is also keypad access to a paved and fenced courtyard area.

Each resident room in the Lighthouse corridor has a sink, cabinetry, mini refrigerator, and a microwave. The bathrooms are outfitted with a toilet, walk-in shower, and a sink for hand washing.

The corridor off to the left of the building entrance is comprised of the secured memory care unit called "Legacy Lane." Legacy Lane is comprised of a total of 18 studio style resident rooms, three of which are semiprivate rooms. There is a dining area, a staff workstation, activity area, and a fenced courtyard with keypad access off the dining area. The bathrooms in the resident rooms in Legacy Lane are outfitted with a walk in shower, sink, and toilet.

Each resident room in the facility has individual temperature controls and pull cords that residents can use to summon staff for assistance. The pull cord will alert staff in the workstations and a light above the resident's door will illuminate. If the resident uses the pull cord in their bathroom to summon staff for assistance, the light above their door will be illuminate red.

The facility's memory care program statement was reviewed and found to be compliant with the requirements of MCL 333.20178.

The facility is outfitted with approved fire suppression systems throughout the facility. On 9/10/24, the Bureau of Fire Services (BFS) granted an acceptable fire safety certification.

On 9/15/24, Health Facilities Engineering Section (HFES) granted occupancy approval of the facility.

A review of the Department of Licensing and Regulatory Affairs' business entity search revealed valid registration for Trilogy Healthcare of Muskegon LLC. The administrator and licensee authorized representative were appointed by an officer with authority.

B. Program Description

The facility provides services to men and women who are 55 years of age and older. The facility provides room, board, and twenty-four-hour supervision and assistance with personal care including medication administration. The facility allows residents to choose their own primary health physician, specialist, licensed health care agency, and/or hospice provider. The facility allows residents to choose their own personal pharmacy, Veteran's Affairs if eligible, and/or the facility's contracted pharmacy. The facility does represent to the public the provision of care and services to individuals diagnosed with Alzheimer's disease or related conditions.

C. Rule/Statutory Violations

The facility is in substantial compliance with home for the aged public health code and administrative rules.

IV. RECOMMENDATION

I recommend issuance of the initial license to this home for the aged facility.



10/14/2024

Lauren Wohlfert
Licensing Staff

Date

Approved By:



10/16/2024

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date