

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 2, 2025

Melissa Cavill Trillium House, Inc. 1144 S. Northland Ave Marquette, MI 49855

RE: License #: AM520379519

Trillium House

1144 S. Northland Ave Marquette, MI 49855

Dear Ms. Cavill:

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:

• An on-site inspection will be conducted.

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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N. W. Grand Rapids, MI 49503 (906) 250-9318

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

I. IDENTIFYING INFORMATION

License #: AM520379519

Licensee Name: Trillium House, Inc.

Licensee Address: 1144 S. Northland Ave

Marquette, MI 49855

Licensee Telephone #: (906) 264-5026

Licensee/Licensee Designee: Melissa Cavill (applicant)

Administrator:

Name of Facility: Trillium House

Facility Address: 1144 S. Northland Ave

Marquette, MI 49855

Facility Telephone #: (906) 264-5026

Original Issuance Date: 07/06/2018

Capacity: 8

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/23/20	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	4/30/24	
Date of Health Authority Inspection if applicable:				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		4 2	
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.			
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □		<u> </u>	
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expla	in.	
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?	_	CAP date/s and rule/s: 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 400.14301

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.

During my inspection I reviewed two resident files which did not have signatures on the assessment plan from either the resident or the resident's designated representative or both.

R 400.14318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During my inspection I noted that fire drills were not being completed on a regular basis.

R 400.14506

Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

During my inspection I noted that fire extinguishers were not being regularly inspected as required.

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.

During my inspection I noted that there were several boxes of dry goods within a few feet of the furnace/water heater.

IV. RECOMMENDATION

Contingent upon an appropriate corrective action plan, I recommend issuance of a 2 year regular adult foster care license.

	1/2/24
Garrett Peters Licensing Consultant	Date