



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 27, 2024

Ellen Davis
Trilogy Health Care of Clinton, LLC
303 N. Hurstbourne Pkwy
Louisville, KY 40222-5185

RE: License #:	AH330336309 The Willows at East Lansing 3500 Coolidge Road East Lansing, MI 48823
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Dear Ellen Davis:

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
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 #:	AH330336309
Licensee Name:	Trilogy Health Care of Clinton, LLC
Licensee Address:	303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	(517) 203-4042
Authorized Representative/ Administrator	Ellen Davis
Name of Facility:	The Willows at East Lansing
Facility Address:	3500 Coolidge Road East Lansing, MI 48823
Facility Telephone #:	(517) 203-4042
Original Issuance Date:	02/13/2014
Capacity:	36
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2024

Date of Bureau of Fire Services Inspection if applicable: 01/16/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/26/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
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: 2024A1021041: R 325.1931(5)
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in non-compliance with the following rules:	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.
Inspection of the facility revealed Resident Rights and Responsibilities was not posted.	
MCL 333.21311	License required; use of "home for aged" or similar term or abbreviation; minimum age for admission; waiver of age limitation.
	3) Except as otherwise provided in this subsection, a home for the aged shall not admit an individual under 55 years of age. Upon the request of a home for the aged and subject to subsection (4), the director shall waive the age limitation imposed by this subsection if the individual, the individual's guardian or other legal representative, if appointed, and the owner, operator, and governing body of the home for the aged, upon consultation with the individual's physician, agree on each of the following: (a) The home for the aged is capable of meeting all of the individual's medical, social, and other needs as determined in the individual's plan of service.

	<p>(b) The individual will be compatible with the other residents of that home for the aged.</p> <p>(c) The placement in that home for the aged is in the best interests of the individual.</p>
<p>Review of Resident D record revealed Resident D is under the age of 55. The facility did not request a waiver to the licensing department for Resident D to be admitted to the facility.</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:</p> <p>(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 Ativan with instruction to give one tablet by mouth as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident B.</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 C's service plan read, <i>"Resident pain controlled with scheduled medication-Resident on scheduled pain medications only."</i> However, review of Resident C's MAR revealed Resident C was</p>	

prescribed as needed pain medication. The facility did not appropriately update Resident C's service plan to reflect her current care needs.	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
The facility is not completing the annual TB risk assessment and is testing residents annually for TB.	
R 325.1932	Resident Medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p>
Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Ibuprofen with instruction to administer one tablet by mouth three times a day as needed for pain. In addition, Resident C was prescribed Tylenol Extra Strength with instruction to administer three times a day as needed for mild pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.	

IV. RECOMMENDATION

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

Kimberly Host

06/26/2024

Licensing Consultant

Date