



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 6, 2022

Wendy Haynes-Ennis  
Trilogy Health Care of Clinton, LLC  
#2  
303 N. Hurstbourne Pkwy  
Louisville, KY 40222-5185

RE: License #: AH330336309  
Investigation #: 2022A1028047  
The Willows at East Lansing

Dear Ms. Haynes-Ennis:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH330336309
<b>Investigation #:</b>	2022A1028047
<b>Complaint Receipt Date:</b>	05/26/2022
<b>Investigation Initiation Date:</b>	05/26/2022
<b>Report Due Date:</b>	07/25/2022
<b>Licensee Name:</b>	Trilogy Health Care of Clinton, LLC
<b>Licensee Address:</b>	#2 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
<b>Licensee Telephone #:</b>	Unknown
<b>Authorized Representative/Administrator:</b>	Wendy Haynes-Ennis
<b>Name of Facility:</b>	The Willows at East Lansing
<b>Facility Address:</b>	3500 Coolidge Road East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 203-4042
<b>Original Issuance Date:</b>	02/13/2014
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/23/2021
<b>Expiration Date:</b>	09/22/2022
<b>Capacity:</b>	36
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility staff did not follow the facility infection control policy and procedures during a recent viral outbreak.	No
The memory care unit has rooms with feces on the walls.	No
The facility is short staffed.	No
Creams and treatments are kept in a medical cart.	No
Additional Findings	No

## III. METHODOLOGY

05/26/2022	Special Investigation Intake 2022A1028047
05/26/2022	Special Investigation Initiated - Letter 2022A1028047
05/26/2022	APS Referral 2022A1028047 - APS referral sent to Centralized Intake
06/15/2022	Contact - Face to Face Interviewed AR/Admin Wendy Haynes-Ennis at the facility.
06/15/2022	Contact - Face to Face Interviewed Employee A at the facility.
06/15/2022	Contact - Face to Face Interviewed Employee B at the facility.
06/15/2022	Contact - Face to Face Interviewed Employee C at the facility.
06/15/2022	Contact - Face to Face Interviewed Employee D at the facility.
10/06/2022	Exit Interview

## **ALLEGATION:**

**Facility staff did not follow the facility infection control policy and procedures during a recent viral outbreak.**

## **INVESTIGATION:**

On 5/26/2022, the Bureau received the allegations anonymously from the online complaint system.

On 5/26/2022, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 6/15/2022, I interviewed authorized representative/administrator, Wendy Haynes-Ennis, at the facility. Ms. Haynes-Ennis reported there was a recent period of a gastrointestinal virus at the facility among residents and a few staff members in April 2022. Ms. Haynes-Ennis reported the facility followed the current infection control policy and the CDC (Center for Disease Control) protocols, along with the local health department guidelines. Ms. Haynes-Ennis reported the infection was controlled and did not spread throughout the facility. Residents who were positive for the gastrointestinal virus were quarantined for 10 days with care and meals being provided to residents in their rooms. Staff providing care wore PPE (personal protection equipment) and followed the facility infection control procedures. Staff who were positive for the gastrointestinal virus were immediately removed from the work schedule, instructed to stay home and quarantine and must be negative for all symptoms before returning to work after 10 days. Contact tracing was also completed during this period and while the virus was contained in the facility, it could not be determined how the virus entered the facility. Ms. Haynes-Ennis reported all staff, visitors, and residents who leave and return to the facility, are screened at the facility entrance daily. Ms. Haynes-Ennis reported some visitors do get upset about being screened but everyone is required to screen upon entering the facility. Ms. Haynes-Ennis provided me a copy of the infection control policy and procedures for my review.

On 6/15/2022, I interviewed Employee A at the facility. Employee A reported a gastrointestinal virus was present in the facility for residents and staff in April 2022. Employee A reported local health department and CDC guidelines and protocols were implemented along with the facility infection control policy to contain and prevent the spread of the virus in the facility. Infected residents were quarantined to their rooms until symptoms were no longer present with infected staff being quarantined at home until symptoms were no longer present. Employee A reported everyone who enters the building is required to wear masks and complete a screen. Employee A reported staff who provided care for infected residents wore PPE as well. Employee A demonstrates good knowledge of the infection control policy and procedures.

On 6/15/2022, I interviewed Employee C at the facility. Employee C confirmed there was a recent period in April 2022 in which a few residents and staff members contracted a gastrointestinal virus. Employee C reported contact tracing was completed during this time, but it could not be determined how the virus entered the facility. Employee C reported staff followed the facility infection control policy, used PPE when caring for infected residents, and infected residents were quarantined to their rooms until symptoms were negative. Employee C the “outbreak was contained to a few residents and staff and didn’t spread”. Employee C reported staff who were infected were required to quarantine at home, removed from the work schedule, and must be negative for any symptoms before returning to work after 10 days. Employee C reported all visitors, staff, and residents who leave the facility and return are required to complete a screening for any illness upon entering the facility. Employee C reported there have been some “visitors of our residents who make a big deal about having to screen but they are required to screen before coming into the facility. We explain it is for the safety of all residents and staff”. Employee C was also able to explain the infection control policy and procedures for staff and residents.

On 6/15/2022, I interviewed Employee D at the facility. Employee D reported there was a recent period in April 2022 in which a gastrointestinal virus affected some residents and staff. Employee D reported contact tracing was completed, and infection control policy and procedures were followed during this time. The gastrointestinal virus was contained in the facility with residents quarantined to their rooms and infected staff quarantined at home until symptoms were no longer present. Employee D reported the local health department and CDC guidelines, and protocols were followed as well with staff wearing PPE to provide care and meals for infected residents in their rooms. Employee D reported while it was never determined how the virus entered the facility, it was contained to a few residents and staff. Employee D reported all staff, visitors, and residents who leave and return to the facility are required to screen upon entering the facility. Employee D reported some visitors “get upset about it still but we explain it is for their loved one’s safety and all residents and staff in the building and then they comply with the screening”. Employee D demonstrated good knowledge of the infection control policy and procedures. Employee D provided me a copy of the infection control record for my review.

On 6/15/2022, I completed an onsite inspection which revealed all staff and visitors completing a screen to enter the facility. There was staff member located at the entrance to ensure screening was completed. PPE was available to all who entered the facility as well. All staff, visitors, and residents in common areas observed were wearing face masks appropriately.

On 6/16/2022, I reviewed the infection control policy and procedures which revealed a policy dedicated to the facility practices of prevention and control of infection diseases within the facility.

I reviewed the infection control record which revealed residents in assisted living and memory care demonstrated symptoms of a gastrointestinal virus between April 14, 2022 and April 25, 2022. Each resident was quarantined to their rooms with visitation outside restricted. The average period of infection was five days with a total quarantine period of 10 days. Contact tracing was completed on each resident.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>

<b>ANALYSIS:</b>	<p>Interviews with the facility authorized representative/administrator and care staff along with review of documentation and onsite inspection revealed:</p> <ul style="list-style-type: none"> <li>• A gastrointestinal virus was present at the facility among residents in the assisted living and memory care unit and staff between 4/14/2022 to 4/26/22.</li> <li>• Increased testing, preventative measures, and infection control protocols were immediately implemented once a confirmed positive viral case was found in the facility in April 2022.</li> <li>• The viral infection averaged five days from on-set with residents and staff quarantining for up to 10 days and until symptoms were no longer present.</li> <li>• PPE was used during all cares with infected residents.</li> <li>• Despite contact tracing, the origin of the virus cannot be determined.</li> <li>• Along with the facility infection control policy and procedures, local health department and CDC guidelines were implemented as well.</li> <li>• Facility staff demonstrate good knowledge and understanding of the facility infection control policy and procedures.</li> <li>• Screening and a face mask are required upon entrance to the facility.</li> </ul> <p>There is significant evidence the facility followed infection protocols and procedures and the facility is in compliance with the local health department and CDC guidelines to protect the health of the residents and staff and to help prevent spread of the virus in the facility. No violation found.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The memory care unit has rooms with feces on the walls.**

**INVESTIGATION:**

On 6/15/2022, Employee A reported no knowledge of feces being on the walls in the memory care unit. Employee A reported there have been a few residents that have demonstrated behaviors in the past but there have not been any feces on the walls. Employee A reported if an incident like this were to occur, housekeeping would be

notified to assist care staff with clean up as well. Employee A reported housekeeping cleans residents, rooms each day in the memory care unit and care staff will also spot clean as needed.

On 6/15/2022, I interviewed Employee B who reported no knowledge of any memory care resident having feces on the walls of their room. Employee B reported there are residents who demonstrate behaviors “every once in a while but none put feces on the walls or have feces on their walls”. If an incident like this were to occur, care staff would assist the resident first and then clean. Care staff would also request housekeeping to assist with clean up to ensure appropriate deep cleaning. Employee B reported resident rooms are spot cleaned each shift daily and that housekeeping cleans resident rooms daily as well.

On 6/15/2022, Employee C’s statement is consistent with Employee A’s and Employee B’s statements.

On 6/15/2022, I completed an onsite inspection of the memory care unit which revealed all resident rooms were clean with no feces or urine smell. Residents in the memory care unit were clean and well groomed. Housekeeping staff was observed cleaning a resident room during the inspection. No concerns noted.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>
<b>ANALYSIS:</b>	It was alleged there was feces on resident walls in the memory care unit. Onsite inspection revealed residents and resident rooms were clean and there was no smell of feces or urine in the memory care unit. There is no evidence to support this allegation. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility is short staffed.**

**INVESTIGATION:**

On 6/15/2022, Ms. Haynes-Ennis reported the facility is not short staffed, “it is actually over staffed”. Ms. Haynes-Ennis reported due to the facility being



overstaffed there is currently no mandation and agency staff is not required. If a shift shortage were to occur, a call-in system is used, there is float scheduled daily to assist, and/or management will assist if needed as well. There are three care staff, a medication tech, and a float staff person along with a supervisor and/or management scheduled for first, second, and third shifts. Staff are also cross trained to complete both care routines and medication administration. Ms. Haynes-Ennis provided me a copy of the working staff schedule for 4/1/2022-6/15/2022.

On 6/15/2022, Employee A reported the facility is not short staff and that there are more than enough staff to cover if a call-in happens”. Employee A reported call-ins occur intermittently, but the shift shortage is always covered. Management will assist and there is an on-call system for staff to pick up short shifts and fill in when a call-in occurs and “staff are offered extra pay for picking those hours”. Employee B reported three care staff, a medication tech, a float staff person, and a supervisor are scheduled for each shift. There is currently no mandation or agency staff due to the facility being overstaffed.

On 6/15/2022, Employee C reported the facility is not short staff and the ratio of staff to residents is more than appropriate. Employee B reported call-ins do occur but use of the on-call system eliminates the potential for a shift shortage. Employee B reported bonuses are usually offered when picking up a shift outside of the staff person’s normal schedule. Management also assists when needed as well. Employee C reported the facility does not have mandation or use agency staffing because the facility is currently well staffed. Employee C confirmed each shift consists of three care staff, a medication tech, a float staff person, and a supervisor.

On 6/15/2022, Employee D’s statement is consistent with Ms. Haynes-Ennis’, Employee A’s, Employee B’s, and Employee C’s statements.

On 6/16/2022, I reviewed the working staff schedule for 4/1/2022-6/15/2022 which revealed one call-in April, three call-ins in May, and one call-in in June. Average staffing for first, second, and third shifts consisted of three care staff, a med technician, and a float person daily.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>

<b>ANALYSIS:</b>	Interviews with the facility authorized representative/ administrator and care staff, along with review of scheduling documentation and onsite inspection reveal an appropriate resident to staff ratio. Review of the working staff schedules also reveal a normalization of care staff to appropriately meet the needs of residents at the facility. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Creams and treatments are kept in a medical cart.**

**INVESTIGATION:**

On 6/15/2022, Employee A reported all medications, topical creams, and treatments are kept locked in a medication cart and/or the med station. Facility staff are educated and trained on medication administration and follow physician and medication orders for all residents. Medication administration is audited each shift by a supervisor and a daily audit record is kept as well. There have been “no medication errors for a long time and if it were to occur, it would be reported with measures and education being provided to ensure understanding and compliance.

On 6/15/2022, Employee B reported medications, creams, and all treatments for all residents are kept in a locked medical cart that the medication tech and supervisor only have access to. Any extra resident medications are kept locked at the med station. Employee B staff are trained and educated on safe medication management and there have no medication errors to [their] knowledge recently. If a medication error were to occur it would be reported and staff would be re-educated and/or re-trained to ensure understanding and compliance. Employee B confirmed medication administration is audited each shift daily by a supervisor.

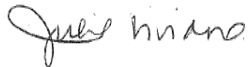
On 6/15/2022, Employee C and Employee D’s statements were consistent with Employee A’s and Employee B’s statements.

On 6/15/2022, I completed an inspection of a medication cart in assisted living and a medication cart in the memory care unit. The inspection revealed both carts were appropriately locked with no identifiable resident information and no medication outside of the medication carts. Medication inside both carts was organized according to each resident and labeled correctly. No medication packets or bottles were left opened inside of either medication cart. Both carts were clean on the inside as well. I also reviewed the medication cart daily audits which revealed no concerns.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</b> <b>(a) Be trained in the proper handling and administration of medication.</b>
<b>ANALYSIS:</b>	Facility staff demonstrate good knowledge, technique and compliance with medication handling and administration. Onsite inspection of two medication carts revealed the facility is in good compliance with medication management. There is no evidence to support this allegation. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

I recommend the status of this license remain unchanged.



6/14/2022

\_\_\_\_\_  
Julie Viviano  
Licensing Staff

\_\_\_\_\_  
Date

Approved By:



10/05/2022

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

\_\_\_\_\_  
Date

