



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 26, 2026

Jessica Pathfinder
The Willows at Howell
1500 Byron Road
Howell, MI 48855

RE: License #: AH470342721
Investigation #: 2026A0628032
The Willows at Howell

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 335-5985.

Sincerely,

Rebekah Looney, Licensing Staff
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH470342721
Investigation #:	2026A0628032
Complaint Receipt Date:	03/26/2026
Investigation Initiation Date:	04/02/2026
Report Due Date:	05/25/2026
Licensee Name:	Trilogy Healthcare of Livingston, LLC
Licensee Address:	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	(502) 412-5847
Authorized Representative/Administrator:	Jessica Pathfinder
Name of Facility:	The Willows at Howell
Facility Address:	1500 Byron Road Howell, MI 48855
Facility Telephone #:	(517) 552-9323
Original Issuance Date:	06/15/2015
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	39
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The home did not administer prescribed medications to Resident A.	Yes
Additional Findings	No

III. METHODOLOGY

03/26/2026	Special Investigation Intake 2026A0628032
04/02/2026	Special Investigation Initiated - On Site
05/26/2026	Exit Conference conducted with Jessica Pathfinder

ALLEGATION: The home did not administer prescribed medications to Resident A.

INVESTIGATION:

On 03/26/2026, the department received a complaint that alleged the home failed to provide Resident A with a prescribed medication for four days. The complainant alleged that Resident A received a dose of Cardizem on 01/27/2026 and not again until 02/01/2026 because the home did not have the medication available to administer to her.

On 04/02/2026, while onsite, I spoke with Employee #1. Employee #1 reported that when Resident A came to the home on 01/05/2026, her daughter brought her medications from home. Employee #1 reported that those medications were entered into Resident A's chart and the list of medications were given to Hospice when Resident A signed on with Hospice care 01/05/2026. Employee #1 reported that generally when the pharmacy gets a medication order prior to 5:00pm, the medication will be delivered the same night on midnight shift. If the medication is ordered after 5:00pm, it will be delivered the next day.

Review of Resident A's medication administration record for January 2026 reveals that Cardizem (Diltiazem HCl) is scheduled to be administered to Resident A once daily between the hours of 6:00am and 10:00am. On the dates of 01/28/2026, 01/29/2026, 01/30/2026, and 01/31/2026, documentation indicates the medication was not given or not documented. The corresponding comments on the medication administration record read:

- 01/28/2026 @ 10:43am Late administration: Charted late
Reason: Res care

- 01/29/2026 @ 10:03am Not administered: Drug/Item unavailable
- 01/30/2026 @ 7:21am Not administered: Drug/Item unavailable
- 01/31/2026 @ 8:35am Not administered: Drug/Item unavailable


Nursing notes provided that correspond with those dates state:

- “Resident’s medications did not come in. Hospice on call contacted again to have Cardizem, Xanax, and levothyroxine refilled.” (01/28/2025 @ 1:25pm)
- “Hospice will do a follow up with pharmacy regarding medication refills for resident.” (01/28/2026 @ 1:48pm)
- “Called Trinity Hospice. Tammy sending new rx’s with quantities to Synchrony. Trinity will only send 2 weeks of medication at a time.” (01/29/2026 @ 2:29pm)

APPLICABLE RULE	
R 325.1932	Resident’s medications.
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
ANALYSIS:	Review of documents including the medication administration record and resident progress notes for Resident A, show that the medication Cardizem (Diltiazem HCl) was not administered to Resident A on 01/29/2026, 01/30/2026, and 01/31/2026. In addition, conflicting documentation on 01/28/2026 makes it difficult to determine if the medication was given that day. Therefore, this allegation was substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the status of this license remain unchanged.


 Rebekah Looney
 Licensing Staff

04/20/2026
 Date

