



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 4<sup>th</sup>, 2021

Brent Hayes  
The Legacy at Westlake  
10735A Bogie Lake Road  
Commerce, MI 48382

RE: License #:	AH630313360 The Legacy at Westlake 10735A Bogie Lake Road Commerce, MI 48382
----------------	---

Dear Mr. Hayes:

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, 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**

<b>License #:</b>	AH630313360
<b>Licensee Name:</b>	Trilogy Healthcare of Oakland, LLC d/b/a
<b>Licensee Address:</b>	Westlake Health Campus 303 N Hurstbourne Pky 200 Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 412-5847
<b>Authorized Representative/ Administrator:</b>	Brent Hayes
<b>Name of Facility:</b>	The Legacy at Westlake
<b>Facility Address:</b>	10735A Bogie Lake Road Commerce, MI 48382
<b>Facility Telephone #:</b>	(248) 363-9400
<b>Original Issuance Date:</b>	06/28/2012
<b>Capacity:</b>	32
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/26/21

Date of Bureau of Fire Services Inspection if applicable: 7/24/20

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 5/4/21

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:
- Number of excluded employees followed up? 0 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<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><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>For Reference: R 325.1901</b>	<b>Definitions.</b>
	<p><b>(16) "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.</b></p>
<p>Upon my inspection, Resident A had bedside assistive devices attached to their bed.</p> <p>The service plans for Resident A lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of initial 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</b></p>

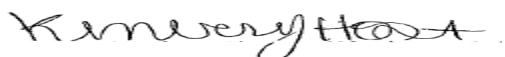
	<p>type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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>
<p>Review of Resident B’s admission documents revealed Resident B was not properly screened for tuberculosis prior to admission to the facility.</p> <p>The facility <i>Guidelines for TB Results Summary Documentation</i> policy read,</p> <p><i>“Upon admission each resident shall review a Two Step Mantoux PPD test to ensure they are free of tuberculosis. An order should be written upon admission to re-test annually to ensure each resident is re-tested on their admission anniversary date with a one-step Mantoux or Tuberculosis Screening questionnaire if they were a previous converter with a negative CXR. Facilities will also have a CXR administered no less than every 4-5 years for each resident who has a positive Mantoux reaction.”</i></p> <p>The facility tuberculosis policy does not ensure residents are properly screened for tuberculosis prior to their admission to the facility. In addition, the facility lack information on the type and frequency of TB testing as determined by the risk assessment.</p>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment</p>

	<b>annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>
<p>Review of the facility <i>Guidelines for TB testing policy</i> read,</p> <p><i>“Prior to beginning employment, each employee will be screened within 90 days of hire for Tuberculosis. Annually, each employee will be screened for tuberculosis by a single TST or BAMT or employees that have had a single positive TST or BAMT shall have an annual TB Risk assessment.”</i></p> <p>The facility tuberculosis policy does not ensure staff are properly screened for tuberculosis prior to their occupational exposure. In addition, the facility policy lacks information on annual screening as determined by the risk assessment.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</b>
<p>Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Ativan 0.5mg with instruction to administer one tablet BID as needed for anxiety/agitation for 14 days. Review of Resident B's service plan revealed no mention of Resident B's behaviors and what behaviors constitute the administration of the medication.</p>	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>
<p>Review of facility menus revealed the facility does not document changes and modifications to the menus to reflect food that is served.</p>	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>

Review of documentation revealed the facility is not maintaining a meal census to reflect the kind and amount of food used.	
<b>REPEAT VIOLATION ESTABLISHED:</b> <b>[Reference: Licensing Study Report (LSR) #20190401 dated 6/4/19 CAP dated 7/1/19]</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and be maintained in a clean and sanitary condition, and in good repair.</b>
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The facility was unable to properly demonstrate the procedure they use to ensure adequately sanitized dishware.	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
Review of the kitchen area revealed there was table disinfection cleaner that was in an unlocked cabinet. Unsecured hazardous and toxic materials pose an unnecessary ingestion and subsequent poisoning risk to residents with poor safety and decision-making skills due to memory and cognitive deficits.	

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan has been received renewal of the license will be issued.



5/4/21

Licensing Consultant

Date