



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2019

Cynthia Taplin  
The Legacy at the Oaks  
706 North Avenue  
Battle Creek, MI 49017-3251

RE: License #: AH130297466  
**The Legacy at the Oaks**  
**706 North Avenue**  
**Battle Creek, MI 49017-3251**

Dear Ms. Taplin:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Karen Hodge".

Karen Hodge, Licensing Staff  
Bureau of Community and Health Systems  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH130297466
<b>Licensee Name:</b>	Trilogy Healthcare of Battle Creek, LLC
<b>Licensee Address:</b>	Suite 200 303 N. Hurstbourne Pkwy #2 Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 213-1710
<b>Authorized Representative/ Administrator:</b>	Cynthia Taplin
<b>Name of Facility:</b>	The Legacy at the Oaks
<b>Facility Address:</b>	706 North Avenue Battle Creek, MI 49017-3251
<b>Facility Telephone #:</b>	(269) 964-4655
<b>Original Issuance Date:</b>	11/21/2008
<b>Capacity:</b>	30
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/23/19

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 24  
No. of others interviewed 10 Role Administrator, maintenance staff, chef, nurse, chaplain, family members, hospice nurse

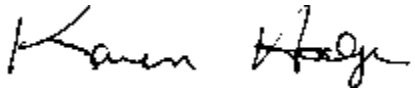
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans.
- 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: 07/09/19; R 325.1931 (2)
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

**IV. RECOMMENDATION**

Renewal of the license is recommended.



08/23/19

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Licensing Consultant

Date