



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2021

Kathy Corbin
The Oaks at Byron Center
2280 Byron View Dr SW
Byron Center, MI 49315

RE: License #: AH410395463
The Oaks at Byron Center
2280 Byron View Dr SW
Byron Center, MI 49315

Dear Ms. Corbin:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Upon receipt of an acceptable fire safety rating, your license will be issued. It will be 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 (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 Phone (616) 204-4300

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410395463
Licensee Name:	Trilogy Healthcare of Kent, LLC
Licensee Address:	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222
Licensee Telephone #:	1-844-353-4266
Authorized Representative:	Kathy Corbin
Administrator/Licensee Designee:	Brian Loos
Name of Facility:	The Oaks at Byron Center
Facility Address:	2280 Byron View Dr SW Byron Center, MI 49315
Facility Telephone #:	1-844-353-4266
Original Issuance Date:	10/16/2020
Capacity:	41
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2021

Date of Bureau of Fire Services Inspection if applicable: Expired 2/27/21

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 4/21/21

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 22

No. of others interviewed N/A Role

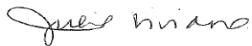
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- 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: N/A
- Number of excluded employees followed up? 0 N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with applicable rules and statutes.

IV. RECOMMENDATION

The fire safety rating expired 2/27/21. Upon receipt of an acceptable fire safety rating, the license will be renewed.



4/27/21

Date

Licensing Consultant