



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2021

Kathy Corbin
The Oaks at Belmont
6081 West River Drive
Belmont, MI 49306

RE: License #: AH410400902
The Oaks at Belmont
6081 West River Drive
Belmont, MI 49306

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. 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|--|
| License #: | AH410400902 |
| Licensee Name: | Trilogy Healthcare of Belmont, LLC |
| Licensee Address: | Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222 |
| Licensee Telephone #: | (616) 625-0386 |
| Authorized Representative: | Kathy Corbin |
| Administrator: | Jana Broughton |
| Name of Facility: | The Oaks at Belmont |
| Facility Address: | 6081 West River Drive Belmont, MI 49306 |
| Facility Telephone #: | (616) 625-0386 |
| Original Issuance Date: | 02/09/2021 |
| Capacity: | 41 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/9/21

Date of Bureau of Fire Services Inspection if applicable: 12/7/20

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 8/9/21

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 9
No. of others interviewed 1 Role Relative

- 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. No resident funds held in trust
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- 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 was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend issuance of a regular license to this home for the aged.



8/9/21

Date

Licensing Consultant