



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2023

Nelson Noel-Chua
Shelby Crossing Health Campus
13794 21 Mile Road
Shelby Township, MI 48315

RE: License #: AH500315083
Shelby Crossing Health Campus
13794 21 Mile Road
Shelby Township, MI 48315

Dear Mr. Noel-Chua:

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, effective 1/7/2023 – 1/6/2024. 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH500315083

Licensee Name: Trilogy Healthcare of Macomb LLC

Licensee Address: Suite 200
303 N. Hurstbourne Pkwy.
Louisville, KY 402225182

Licensee Telephone #: (502) 412-5847

Authorized Representative/Administrator: Nelson Noel-Chua

Name of Facility: Shelby Crossing Health Campus

Facility Address: 13794 21 Mile Road
Shelby Township, MI 48315

Facility Telephone #: (586) 532-2100

Original Issuance Date: 02/19/2013

Capacity: 40

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/19/2023

Date of Bureau of Fire Services Inspection if applicable: 10/4/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/24/2023

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 22
No. of others interviewed 3 Role Resident's family members

- 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 funds held for the residents
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- 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: No CAPS for this home.
- 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.

Brenden D. Howard

1/24/2023

Date

Licensing Consultant