



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 21, 2023

Nelson Noel-Chua  
The Legacy at Shelby Crossing  
13712 21 Mile Road  
Shelby Township, MI 48315

RE: License #: AH500315088  
**The Legacy at Shelby Crossing**  
**13712 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 1/22/2023. 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 #:** AH500315088

**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:** The Legacy at Shelby Crossing

**Facility Address:** 13712 21 Mile Road  
Shelby Township, MI 48315

**Facility Telephone #:** (586) 532-2100

**Original Issuance Date:** 04/22/2013

**Capacity:** 35

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/21/2023

Date of Bureau of Fire Services Inspection if applicable: 8/30/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 3/21/2023

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 22

No. of others interviewed 1 Role Resident's family member

- 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 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*

3/21/2023

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Licensing Consultant Date