



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 6, 2024

Brent Hayes
Westlake Health Campus
10735 Bogie Lake Rd.
Commerce Township, MI 48382

RE: License #:	AH630309881 Westlake Health Campus 10735 Bogie Lake Rd. Commerce Township, MI 48382
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Dear Brent Hayes:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

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,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630309881
Licensee Name:	Trilogy Healthcare of Oakland, LLC d/b/a
Licensee Address:	Westlake Health Campus 303 N Hurstbourne Pky 200 Louisville, KY 40222
Licensee Telephone #:	(502) 412-5847
Authorized Representative/ Administrator:	Brent Hayes
Name of Facility:	Westlake Health Campus
Facility Address:	10735 Bogie Lake Rd. Commerce Township, MI 48382
Facility Telephone #:	(248) 363-9400
Original Issuance Date:	08/31/2011
Capacity:	26
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/05/2024

Date of Bureau of Fire Services Inspection if applicable: 04/24/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 03/05/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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

Kimberly Host

03/06/2024

Licensing Consultant Date