



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

March 6, 2024

Brent Hayes  
The Legacy at Westlake  
10735A Bogie Lake Road  
Commerce, MI 48382

RE: License #:	AH630313360 <b>The Legacy at Westlake 10735A Bogie Lake Road Commerce, MI 48382</b>
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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**

<b>License #:</b>	AH630313360
<b>Licensee Name:</b>	Trilogy Healthcare of Oakland, LLC d/b/a
<b>Licensee Address:</b>	Westlake Health Campus 303 N Hurstbourne Pky 200 Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 412-5847
<b>Authorized Representative/ Administrator</b>	Brent Hayes
<b>Name of Facility:</b>	The Legacy at Westlake
<b>Facility Address:</b>	10735A Bogie Lake Road Commerce, MI 48382
<b>Facility Telephone #:</b>	(248) 363-9400
<b>Original Issuance Date:</b>	06/28/2012
<b>Capacity:</b>	32
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 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 5  
No. of residents interviewed and/or observed 20  
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? 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

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Licensing Consultant Date