



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2024

Kathy Corbin
The Oaks at Byron Center
2280 Byron View Dr SW
Byron Center, MI 49315

RE: License #: AH410395463
The Oaks at Byron Center
2280 Byron View Dr SW
Byron Center, MI 49315

Dear Kathy Corbin:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your license is effective until 7/31/2024. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event 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, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH410395463
Licensee Name:	Trilogy Healthcare of Kent, LLC
Licensee Address:	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222
Licensee Telephone #:	
Authorized Representative:	Kathy Corbin
Administrator/Licensee Designee:	Elise Van De Steenoven
Name of Facility:	The Oaks at Byron Center
Facility Address:	2280 Byron View Dr SW Byron Center, MI 49315
Facility Telephone #:	
Original Issuance Date:	10/16/2020
Capacity:	41
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/26/2024 - No On-site Inspection / Administrative Desk Review

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference:

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Role

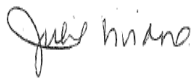
- Medication pass / simulated pass observed? Yes ☐ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☐ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☐ If no, explain.
- 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

Renewal of the license is recommended.



3/26/2024

Date

Licensing Consultant