



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2024

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. 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:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/15/2024

Date of Bureau of Fire Services Inspection if applicable: 08/21/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/15/2024

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 17
No. of others interviewed 5 Role Residents' 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 policy 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: 8/25/2023 2023A0784086 1932(2), 1921(1)
- 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

3/14/2024

Licensing Consultant

Date