



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 16, 2024

Jennifer Flood  
Stonegate Health Campus  
2525 DeMille Boulevard  
Lapeer, MI 48446

RE: License #: AH440311638  
Stonegate Health Campus  
2525 DeMille Boulevard  
Lapeer, MI 48446

Dear Jennifer Flood:

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. If 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 "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH440311638
<b>Licensee Name:</b>	Trilogy Healthcare of Lapeer, LLC
<b>Licensee Address:</b>	Suite 200 303 N. Hurstbourne Pkwy. Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 213-1710
<b>Administrator/Authorized Representative:</b>	Jennifer Flood
<b>Name of Facility:</b>	Stonegate Health Campus
<b>Facility Address:</b>	2525 DeMille Boulevard Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 245-9300
<b>Original Issuance Date:</b>	11/30/2012
<b>Capacity:</b>	39
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/16/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 8/16/2024

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 20  
No. of others interviewed N/A 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. Facility does not maintain resident funds
- 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: N/A
- Number of excluded employees followed up? 3 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.



8/16/2024

Date

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Licensing Consultant