

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 25, 2024

Kelly Glynn The Oaks at Woodfield 5370 Baldwin Rd. Grand Blanc, MI 48439

RE: License #: AH250314824

The Oaks at Woodfield

5370 Baldwin Rd.

Grand Blanc, MI 48439

#### Dear Kelly Glynn:

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,

Claron & Clarm 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

License #:	AH250314824	
Licensee Name:	Trilogy Healthcare of Genesee LLC	
Licensee Address:	303 N. Hurstbourne Pkwy.	
	Louisville, KY 40222-5185	
Licensee Telephone #:	(502) 213-7575	
	(332) 213 1313	
Administrator/Authorized	Kelly Glynn	
Representative:	, ,	
Name of Facility:	The Oaks at Woodfield	
Facility Address:	5370 Baldwin Rd.	
	Grand Blanc, MI 48439	
Facility Talankana #	(040) 000 0050	
Facility Telephone #:	(810) 606-9950	
Original Issuance Date:	11/02/2012	
Original issuance bate.	11/02/2012	
Capacity:	38	
Program Type:	AGED	
	ALZHEIMERS	

## **II. METHODS OF INSPECTION**

Date of On-site Inspection	(s): 9/25/2024		
Date of Bureau of Fire Ser	vices Inspection if applicable: N	//A	
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet	
Date of Exit Conference: 9	9/25/2024		
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	10 20	
Medication pass / sime	ulated pass observed? Yes $igtimes$	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. Facility does not maintain resident funds</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>			
N/A	res ☐ No ☒ If no, explain. hecked? Yes ☒ No ☐ If no, o	explain.	
<ul> <li>Corrective action plan SI#2024A1027064: 19</li> </ul>	p? Yes ☐ IR date/s: N/A compliance verified? Yes ☐ 022(5) nployees followed up? 2 N/A ☐	CAP date/s and rule/s:	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

Renewal of the license is recommended.

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

Licensing Consultant	Date
aron L. Clum	9/25/2024