



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 22, 2025

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:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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) 335-5985.

Sincerely,

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**

<b>License #:</b>	AH410395463
<b>Licensee Name:</b>	Trilogy Healthcare of Kent, LLC
<b>Licensee Address:</b>	Suite 200 303 N. Hurstbourne Pkwy Louisville, KY 40222
<b>Licensee Telephone #:</b>	616-949-7310
<b>Authorized Representative:</b>	Kathy Corbin
<b>Administrator/Licensee Designee:</b>	Katelyn Greiner
<b>Name of Facility:</b>	The Oaks at Byron Center
<b>Facility Address:</b>	2280 Byron View Dr SW Byron Center, MI 49315
<b>Facility Telephone #:</b>	616-949-7310
<b>Original Issuance Date:</b>	10/16/2020
<b>Capacity:</b>	41
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/21/2025

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 4/26/2024

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 5/21/2025

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 21

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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies 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: N/A
- Number of excluded employees followed up? 0 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority.</b>
<b>ANALYSIS:</b>	Review of ten resident records revealed one resident TB screening could not be located or found in the record. A resident TB screening must be performed by the local health professional 12 months prior to admission to the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure.</b>
<b>ANALYSIS:</b>	Review of eight employee records revealed two employees' TB screenings could not be located in the record. New employees must be screened within 10 days of hire and prior to occupational exposure.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1975</b>	<b>Laundry and linen requirements.</b>
	<b>(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:</b> <b>(a) A separate soiled linen storage room.</b> <b>(b) A separate clean linen storage room.</b>

<b>ANALYSIS:</b>	<p>Inspection revealed items such as medical supplies, totes with decorations and/or crafts, opened packages of briefs etc. were stored in the assisted living and memory care clean linen closets. This poses a risk for cross contamination. Clean linen storage is to be used for storage of clean linens only.</p> <p>Inspection also revealed items such as metal chairs, tray table, and brooms were stored in the assisted living and memory care soiled linen closets. This poses a risk for cross contamination. Soiled linen storage is to be used for storage of soiled linens only.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.</b>
<b>ANALYSIS:</b>	Review of dishwasher sanitization records reveal missing or blank entries for multiple dates in March, April, and May 2025. It could not be determined if the dishwasher was tested thoroughly to ensure cleanliness and sanitization of dishware and utensils due to the incomplete and/or blank entries.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
<b>ANALYSIS:</b>	Onsite inspection revealed multiple food items were found unlabeled in the assisted living common area cabinets and refrigerator, the memory care area cabinets and refrigerator, and the main kitchen. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on food items served to residents in the facility once opened.

<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
<b>ANALYSIS:</b>	Inspection revealed hazardous and toxic chemicals were stored in unlocked cabinets in the assisted living area and the memory care unit. The items were easily accessible to anyone in the facility, and this presents a potential risk of ingestion, harm, and/or injury to residents in the home with impaired cognition and/or function.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Receipt of an acceptable corrective action plan is requested and due by 6/9/2025.

*Julie Hiro*

5/22/2025

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Licensing Consultant Date