



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 9, 2025

Elisabeth Delaney  
Orchard Grove Health Campus  
71150 Orchard Crossing Ln  
Romeo, MI 48065

RE: License #: AH500367787  
**Orchard Grove Health Campus**  
**71150 Orchard Crossing Ln**  
**Romeo, MI 48065**

Dear Ms. Delaney:

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 will be 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Brender L. 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**

<b>License #:</b>	AH500367787
<b>Licensee Name:</b>	Trilogy Healthcare of Romeo, LLC
<b>Licensee Address:</b>	#200 303 N. Hurstbourne Pkwy. Louisville, KY 40222
<b>Licensee Telephone #:</b>	(502) 412-5847
<b>Authorized Representative/Administrator:</b>	Elisabeth Delaney
<b>Name of Facility:</b>	Orchard Grove Health Campus
<b>Facility Address:</b>	71150 Orchard Crossing Ln Romeo, MI 48065
<b>Facility Telephone #:</b>	(586) 336-0102
<b>Original Issuance Date:</b>	01/05/2017
<b>Capacity:</b>	38
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 05/09/2025

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 27

No. of others interviewed 2 Role Residents' family member

- 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 residents at this time.
- 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: No CAPS for this home.
- Number of excluded employees followed up? 2 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 L. Howard*

05/09/2025

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Date

Licensing Consultant