



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 6, 2026

Nelson Noel-Chua
Shelby Crossing Health Campus
13794 21 Mile Road
Shelby Township, MI 48315

RE: License #: AH500315083
Shelby Crossing Health Campus
13794 21 Mile Road
Shelby Township, MI 48315

Dear Licensee:

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. 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) 335-5985.

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 #:	AH500315083
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:	Shelby Crossing Health Campus
Facility Address:	13794 21 Mile Road Shelby Township, MI 48315
Facility Telephone #:	(586) 532-2100
Original Issuance Date:	02/19/2013
Capacity:	40
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/06/2026

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

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/06/2026

No. of staff interviewed and/or observed 11
No. of residents interviewed and/or observed 23
No. of others interviewed 2 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 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: No CAPS for this home.
- 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

01/06/2026

Licensing Consultant

Date