



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 2, 2017

Lyndon Johnson  
The Legacy at the Oaks  
700 North Avenue  
Battle Creek, MI 49017-3251

RE: License #: AH130297466  
**The Legacy at the Oaks**  
**700 North Avenue**  
**Battle Creek, MI 49017-3251**

Dear Mr./Ms. Johnson:

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.

**OR**

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) yHome for the Aged license has been renewed. Your 12 month license is effective DATE. It is valid only at the address listed and is not transferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and

administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

**OR**

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.

**OR**

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 284-9720.

Sincerely,

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(517) 230-2778

enclosure



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

**I. IDENTIFYING INFORMATION**

**License License #:** AH130297466

**Licensee Name:** Trilogy Healthcare of Battle Creek, LLC

**Licensee Address:** Suite 200  
303 N.Hurstbourne Pkwy #2  
Louisville, KY 40222

**Licensee Telephone #:** (502) 213-1710

**Authorized Representative/** Lyndon Johnson, Authorized Repr.

**Administrator/Licensee Designee:**

**Name of Facility:** The Legacy at the Oaks

**Facility Address:** 700 North Avenue  
Battle Creek, MI 49017-3251

**Facility Telephone #:** (269) 964-4655

**Original Issuance Date:** 11/21/2008

**Capacity:** 30

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:            Interview and Observation    Worksheet  
                                     Combination

Date of Exit Conference:

No. of staff interviewed and/or observed             
No. of residents interviewed and/or observed       
No. of others interviewed    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.
- 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:
- Number of excluded employees followed up?           N/A

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

The facility is in compliance with all applicable rules and statutes.  
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**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

**OR**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

**OR**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

**OR**

A Correction Order is recommended. See attached.

**OR**

An Emergency Order is recommended. See attached.

**OR**

Refusal to renew the license is recommended.

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Licensing Consultant Date