

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 6, 2021

Jamie Scott
Trilogy Healthcare of Livingston, LLC
Suite 200
303 N. Hurstbourne Pkwy
Louisville, KY 40222-5185

RE: License #:	AH470395495
	The Legacy at Howell
	1602 Byron Road
	Howell, MI 48855

Dear Ms. Scott:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AH470395495	
Licensee Name:	Trilogy Healthcare of Livingston, LLC	
Licensee Address:	Suite 200	
	303 N. Hurstbourne Pkwy	
	Louisville, KY 40222-5185	
Licensee Telephone #:	(502) 412-5847	
Authorized Representative	Jamie Scott	
Administrator:		
Name of Facility:	The Legacy at Howell	
Facility Address:	1602 Byron Road	
-	Howell, MI 48855	
Facility Telephone #:	(517) 552-9323	
Capacity:	35	
Program Type:	ALZHEIMERS	

II. Purpose of Addendum

Effective 10/22/18, the facility address was renumerated to 1550 Byron Road, Howell MI 48855

III. Methodology

On 4/6/21, I Received correspondence from corporate officer Kathy Corbin that read that the facility remained at the same location but that the address had changed.

IV. Description of Findings and Conclusions

Correspondence with corporate officer Kathy Corbin revealed that the facility continues to occupy the same building. Ms. Corbin reported the original HFA license application did not reflect the address of the Legacy at Howell building.

V. Recommendation

I recommend updating the Bureau Information Tracking System to reflect the new mailing address of the facility. The status of the license will remain unchanged.

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U	4/6/21
Kimberly Horst Licensing Staff	Date
Russell Misial	4/6/21
Russell Misiak Area Manager	 Date