



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 9, 2026

Keith Fisher
Trilogy Healthcare of Ingham, LLC
303 N. Hurstbourne Pkwy
Louisville, KY 40222-5185

RE: License #: AH330342717
The Willows at Okemos
4830 Central Park Drive
Okemos, MI 48864

Dear Keith Fisher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

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 "Kimberly Horst".

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH330342717
Licensee Name:	Trilogy Healthcare of Ingham, LLC
Licensee Address:	#2 303 N. Hurstbourne Pkwy Louisville, KY 40222-5185
Licensee Telephone #:	
Authorized Representative/ Administrator	Keith Fisher
Name of Facility:	The Willows at Okemos
Facility Address:	4830 Central Park Drive Okemos, MI 48864
Facility Telephone #:	(517) 349-3600
Original Issuance Date:	06/09/2014
Capacity:	24
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/09/2026

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 7
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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Diaster plans reviewed and staff interviewed.
- 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 was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend no change in the status of the license.

Kimberly Hart

01/09/2026

Licensing Consultant

Date