



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 7, 2019

Janet Mazzetti  
Lake Orion Assisted Living, LLC  
PO Box 564  
Oxford, MI 48371

RE: License #: AM630378604  
**Orion Manor**  
**1814 S. Lapeer Road**  
**Lake Orion, MI 48360**

Dear Ms Mazzetti:

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.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in blue ink that reads "John P. Pochas".

John Pochas, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3822

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

**I. IDENTIFYING INFORMATION**

**License #:** AM630378604

**Licensee Name:** Lake Orion Assisted Living, LLC

**Licensee Address:** 1814 S Lapeer  
Lake Orion, MI 48360

**Licensee Telephone #:** (248) 814-6714

**Licensee/Licensee Designee:** Janet Mazzetti, Designee

**Administrator:** Loraine Lee

**Name of Facility:** Orion Manor

**Facility Address:** 1814 S. Lapeer Road  
Lake Orion, MI 48360

**Facility Telephone #:** (248) 814-6713

**Original Issuance Date:** 06/09/2016

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/28/2018

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 8  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

John P. Pochas

01/07/2019

---

John Pochas  
Licensing Consultant

Date