



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 21, 2020

Laura Laurain
Smith And Lee Associates Inc
8734 Mortenview
Taylor, MI 48180

RE: License #: AM820010077
Mortenview Manor
8734 Mortenview
Taylor, MI 48180

Dear Ms. Laurain:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #:	AM820010077
Licensee Name:	Smith And Lee Associates Inc
Licensee Address:	8734 Mortenview Taylor, MI 48180
Licensee Telephone #:	(313) 291-9425
Licensee/Licensee Designee:	Laura Laurain
Administrator:	Laura Laurain
Name of Facility:	Mortenview Manor
Facility Address:	8734 Mortenview Taylor, MI 48180
Facility Telephone #:	(313) 291-9425
Original Issuance Date:	06/12/1997
Capacity:	9
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2020

Date of Bureau of Fire Services Inspection if applicable: 02/27/2020

Date of Health Authority Inspection if applicable: 07/15/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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. Residents had eaten prior to inspection.
- 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. Virtual Inspection
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 06/28/18 R 301(4) and 301(9) 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 regular license to this AFC adult medium group home (capacity 7-12).



Pandrea Robinson
Licensing Consultant

07/21/20
Date