



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 14, 2020

Lexi Cousino  
Lakeland House Inc  
26900 Franklin Rd  
Southfield, MI 48034

RE: License #: AS630012699  
**Lakeland House**  
**1052 Byron**  
**Troy, MI 48098**

Dear Ms. Cousino:

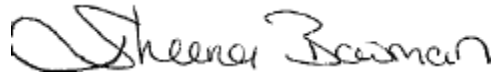
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large initial 'S'.

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License#:** AS630012699

**Licensee Name:** Lakeland House Inc

**Licensee Address:** 26900 Franklin Rd  
Southfield, MI 48034

**Licensee Telephone #:** (248) 350-8070

**Licensee/Licensee Designee:** Lexi Cousino

**Administrator:** Lexi Cousino

**Name of Facility:** Lakeland House

**Facility Address:** 1052 Byron  
Troy, MI 48098

**Facility Telephone #:** (248) 952-5821

**Original Issuance Date:**

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

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 **2**

No. of others interviewed  Role:

- 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.  
It was not meal time during the onsite.
- 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:  
CAP approved 07/16/18- 205(6), 403(2), 403(6), 410(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14301**            **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:**

**(b) A description of services to be provided and the fee for the service.**

Resident B's 2018 resident care agreement did not have a fee amount listed for services.

**R 400.14312**            **Resident medications.**

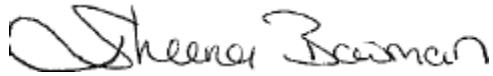
**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(c) Record the reason for each administration of medication that is prescribed on an as needed basis.**

Resident A was administered Clonazepam which is a PRN on 06/10/20. However, there was no documentation stating the reason for administering this medication.

#### IV. RECOMMENDATION

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



Sheena Bowman  
Licensing Consultant

07/14/20  
Date