



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 25, 2021

Kelly Devereaux  
Mentors Of Michigan, Inc.  
3812 Finch  
Troy, MI 48084

RE: License #: AS630403739  
Lily Lane  
3962 Morgan Rd.  
Orion Charter Twp., MI 48359

Dear Ms. Devereaux:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403739
<b>Licensee Name:</b>	Mentors of Michigan, Inc.
<b>Licensee Address:</b>	3812 Finch Troy, MI 48084
<b>Licensee Telephone #:</b>	(248) 632-3534
<b>Licensee Designee:</b>	Kelly Devereaux
<b>Name of Facility:</b>	Lily Lane
<b>Facility Address:</b>	3962 Morgan Rd. Orion Charter Twp., MI 48359
<b>Facility Telephone #:</b>	(248) 632-3534
<b>Original Issuance Date:</b>	01/04/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/24/2021

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

Date of Health Authority Inspection if applicable: 10/21/20

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 5  
No. of others interviewed 2 Role: Lic. Desig/Dir. Maint.

- 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

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

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection, there was no physician authorization on file for Resident A's wheelchair, shower bed, bed rails, or lift.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.

During the onsite inspection, I reviewed Resident A's medication logs and noted that staff were not consistently documenting the reason for each administration of Resident A's PRN medications.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

During the onsite inspection, there was no written approval on file for expenditures over \$200 that were made with Resident A's funds, including purchases of furniture for the home. Resident A's funds were also being used to purchase items for other residents and the household. The guardian was contacted during the onsite inspection and indicated that he had approved of Resident A's funds being used in this manner; however, there was no written approval on file. The licensee designee and guardian agreed that Resident A's funds would only be used on purchases for Resident A in the future.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The wooden doorframes and doors were damaged and splintered from wheelchair use.
- The molding was missing around one of the bedroom doorframes.
- The dressers in bedroom #2 were broken and missing handles.

A corrective action plan was requested and approved on 06/24/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



06/25/2021

---

Kristen Donnay  
Licensing Consultant

Date