



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 1, 2021

Melanie Logan  
Lee Homes Inc  
215 E Commerce  
Milford, MI 48381

RE: License #: AM630009282  
**Lee Home Milford**  
**215 E. Commerce**  
**Milford, MI 48381**

Dear Ms. Logan:

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 or licensee designee or home for the aged, authorized representative 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 blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078

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

**I. IDENTIFYING INFORMATION**

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>License #:</b>                  | AM630009282                          |
| <b>Licensee Name:</b>              | Lee Homes Inc                        |
| <b>Licensee Address:</b>           | 215 E Commerce<br>Milford, MI 48381  |
| <b>Licensee Telephone #:</b>       | (248) 685-2052                       |
| <b>Licensee/Licensee Designee:</b> | Melanie Logan                        |
| <b>Administrator:</b>              | Melanie Logan                        |
| <b>Name of Facility:</b>           | Lee Home Milford                     |
| <b>Facility Address:</b>           | 215 E. Commerce<br>Milford, MI 48381 |
| <b>Facility Telephone #:</b>       | (248) 685-2052                       |
| <b>Original Issuance Date:</b>     |                                      |
| <b>Capacity:</b>                   | 8                                    |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED             |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/25/2021

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Environmental/Health Inspection if applicable: n/a

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 8  
No. of others interviewed 2 Role: Licensee and home manager

- 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:

**R 400.14203 Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

The licensee designee/administrator, Melanie Logan, did not complete 16 hours of training in 2020.

**R 400.14315 Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection, I observed that Resident A and Resident B did not have funds part I forms completed or retained in their resident files.

**R 400.14315 Handling of resident funds and valuables.**

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

During the onsite inspection, I observed that the licensee documented that she would accept \$750.00 resident funds. This information was documented on Resident A and Resident B's resident care agreement forms.

**R 400.14316 Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

- (a) Identifying information, including, at a minimum, all of the following:
  - (viii) Funeral provisions and preferences.

Resident A and Resident B's funeral provisions and preferences were not documented on their resident identification forms.

**R 400.14403      Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the onsite inspection, I observed that nonskid surfacing needed to be installed in bathroom #1 and bathroom #4.

**IV. RECOMMENDATION**

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



11/01/2021

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Licensing Consultant

Date