

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 4, 2022 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 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.

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.

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 #: 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

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	e of On-site Inspection(s): 11/04/2022
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: N/A
No. d	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igcup$ 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: 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.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident B was admitted 6/29/20 however; his guardian did not sign his assessment plan until 7/12/20.

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.

Resident A's 2021 Funds Part II transaction fee did not coincide with the fee on her resident care agreement. Resident B's 2020 & 2021 Funds Part II transaction fee did not coincide his resident care agreement.

IV. RECOMMENDATION

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

Licensing Consultant

Theere Barnan

11/4/22 Date