



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 5, 2023

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. 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 cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(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): 07/05/2023

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

Date of Health Authority Inspection if applicable: 06/26/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 2 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.  
Inspection did not occur during meal time
- 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>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

During the onsite inspection, Resident M's assessment plan/IPOS did not specify the use of a walker. Resident D's assessment plan did not specify the use of leg braces.

<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 M's walker.

<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: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident M's March 2023 medication administration record (MAR) was not initialed for Vitamin D 50000 unit on 03/03/23. Staff were initialing Resident D's MAR for a 12:00pm dose when the medication was being administered at workshop. Staff initialed Resident D's MAR for Ketoconazole Shampoo after the medicated shampoo was discontinued.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

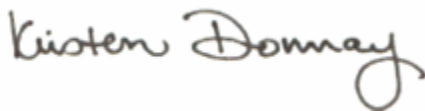
During the onsite inspection, the water pressure in the bathroom was low, the faucets were in need of repair/replacement, and the water temperature at the bathroom sink was measured at 94.5° F.

<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b>
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, it could not be determined if the fire alarm was working properly, as it was unknown how to test the alarm system.

#### IV. RECOMMENDATION

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



07/05/2023

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Kristen Donnay  
Licensing Consultant

Date