



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 5, 2024

Kathleen Hockey
Moore Non Profit Housing Corp
5900 Executive Dr.
Lansing, MI 48911

RE: License #: AL330007014
Moore Living Connections 1
1401 Georgetown Blvd
Lansing, MI 48911

Dear Ms. Hockey:

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 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 (517) 284-9730.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AL330007014
Licensee Name:	Moore Non-Profit Housing Corp
Licensee Address:	5900 Executive Dr. Lansing, MI 48911
Licensee Telephone #:	(517) 894-9324
Licensee Designee:	Kathleen Hockey
Administrator:	Bambi Young
Name of Facility:	Moore Living Connections 1
Facility Address:	1401 Georgetown Blvd Lansing, MI 48911
Facility Telephone #:	(517) 887-6964
Original Issuance Date:	03/06/1980
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2024

Date of Bureau of Fire Services Inspection if applicable: 02/21/2024

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 11

No. of others interviewed 1 Role: Administrator

- 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Direct care staff member C. Conrad’s employee record did not include an annual health review for 2022.

R 400.15208 Direct care staff and employee records

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.**

Direct care staff member C. Conrad’s employee record did not include 2 reference checks.

R 400.15403 Maintenance of premises

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

The couch and recliner in the upstairs loft had leather peeled off and both were in poor condition.

IV. RECOMMENDATION

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

Jennifer Browning

Jennifer Browning
Licensing Consultant

03/05/2024

Date