



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2024

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:

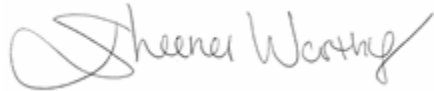
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with the first name "Sheena" written in a larger, more prominent script than the last name "Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

**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: Lori 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
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2024

Date of Bureau of Fire Services Inspection if applicable: 04/09/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] 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.
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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SIR CAP Approved 07/24/24; 305(3), 206(2)
- SIR CAP Approved 06/13/23; 303(2), 206(2)
- LSR CAP Approved 11/04/22; 315(3), 301(4) 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 400.14312 Resident medications.

(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:

(iii) Label instructions for use.

According to Resident A MAR, she is prescribed Buspirone as a PRN. However, I observed this medication and saw that this medication is prescribed daily. The label instructions written on the MAR does not match the prescription.

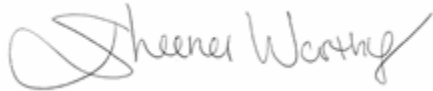
R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the first quarter of fire drills in 2022, an evening fire drill was not completed. During the second quarter of fire drills in 2022 a sleeping fire drill was not completed. In 2023, the first quarter of fire drills did not include the times the fire drills were conducted. During the second quarter of fire drills in 2023, an evening fire drill was not completed.

IV. RECOMMENDATION

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

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is cursive and includes a large loop at the beginning.

Sheena Worthy
Licensing Consultant

11/13/24
Date