



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2025  
Melanie Logan  
Lee Homes Inc  
215 E Commerce  
Milford, MI 48381

RE: License #: AS630012311  
**North Pine Center**  
**2344 N Pine Center**  
**West Bloomfield, MI 48323**

Dear Ms. Logan:

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. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

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 Worthy, 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**

<b>License#:</b>	AS630012311
<b>Licensee Name:</b>	Lee Homes Inc
<b>Licensee Address:</b>	215 E Commerce 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>	North Pine Center
<b>Facility Address:</b>	2344 N Pine Center West Bloomfield, MI 48323
<b>Facility Telephone #:</b>	(248) 681-0192
<b>Original Issuance Date:</b>	08/14/1980
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed Role:

- 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:  
LSR CAP Approved 03/01/23; 803(3), 301(10), 301(4), 315(3), 507(5), 312(7), 318(5), 408(1)
- LSR CAP Approved 03/09/21; 203(1), 301(6), 312(4), 312(7), 318(5), 205(6), 204(3)(c), 312(4)(a) 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 330.1803                      Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.**

In 2023, an evening fire drill was not completed in the fourth quarter.

**R 400.14301                      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/01/23**

Resident B was admitted on 08/08/24 however; his physical was completed on 12/6/24 which was not at the time of admission.

**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.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/01/23**

Resident A 2024 assessment plan was not dated by the guardian or the licensee designee Melanie Logan.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/09/21**

Resident A 2024 resident care agreement was not signed by the licensee designee Melanie Logan.

**R 400.14310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B's weight record does not include the complete date as to when the weight was checked.

**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:

(i) The medication.

Resident A sodium fluoride 5000 plus cream was not documented on the MAR.

**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:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/09/21**

Resident A was administered Risperidone .5mg as a PRN on 01/08/25 however; the staff did not record the reason for this administration.

**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.

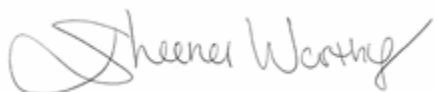
**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/01/23 & 03/09/21**

In 2023, an evening fire drill was not completed in the fourth quarter.

A corrective action plan was requested and approved on 03/05/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

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

A handwritten signature in black ink, reading "Sheena Worthy". The signature is fluid and cursive, with the first name "Sheena" and last name "Worthy" clearly legible.

Sheena Worthy  
Licensing Consultant

03/05/25  
Date