



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 10, 2025

Roger Covill  
North-Oakland Residential Services Inc  
P. O. Box 216  
Oxford, MI 48371

RE: License #: AS630283823  
Horseshoe East Home  
1649 Ray Road  
Oxford, MI 48371

Dear Roger Covill:

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 or
- You are to submit a Statement of Correction.

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(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>	AS630283823
<b>Licensee Name:</b>	North-Oakland Residential Services Inc
<b>Licensee Address:</b>	106 S. Washington Oxford, MI 48371
<b>Licensee Telephone #:</b>	(248) 969-2392
<b>Licensee Designee:</b>	Roger Covill
<b>Name of Facility:</b>	Horseshoe East Home
<b>Facility Address:</b>	1649 Ray Road Oxford, MI 48371
<b>Facility Telephone #:</b>	(248) 236-8649
<b>Original Issuance Date:</b>	09/19/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2025

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

Date of Environmental/Health Inspection if applicable: 05/13/2025

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 5  
No. of others interviewed 2 Role: Area Mgr/Lic. Desig.

- 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.
- 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 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, the home manager indicated that Resident G's Quetiapine and Depakote were being crushed and administered. The label instructions for the medications did not specify that the pills could be crushed.

<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: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the onsite inspection, Resident J's June 2025 medication administration record (MAR) did not list Valproic Acid 250mg/5ml sol- take 1 tsp twice daily. The MAR was not initialed to show that the medication was passed from 06/01/25-06/10/25. The home manager stated that staff have been administering the medication; however, it is a liquid medication, and it could not be verified that the medication was passed.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report Dated: 05/31/23; CAP dated: 06/06/23**

<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, the front door was not equipped with non-locking against egress hardware.

<b>R 400.14512</b>	<b>Electrical service.</b>
	(1) The electrical service of a home shall be maintained in a safe condition.

During the onsite inspection, one of the electrical outlets in bedroom #1 was broken.

A corrective action plan was requested and approved on 06/10/2025. 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.



06/10/2025

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Kristen Donnay  
Licensing Consultant

Date