



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

October 9, 2025

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

RE: License #: AM630009282
Lee Home Milford
215 E. Commerce
Milford, MI 48381

Dear Melanie 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.
- 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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AM630009282
Licensee Name:	Lee Homes Inc
Licensee Address:	215 E Commerce Milford, MI 48381
Licensee Telephone #:	(248) 685-2052
Administrator/Licensee Designee:	Melanie Logan, Designee
Name of Facility:	Lee Home Milford
Facility Address:	215 E. Commerce Milford, MI 48381
Facility Telephone #:	(248) 685-2052
Original Issuance Date:	
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2025

Date of Bureau of Fire Services Inspection if applicable: 09/11/2025

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee

- 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.
did not occur during inspection
- 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 400.14312	Resident medications.
	<p>(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:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the on-site inspection on 10/09/2025, I reviewed Resident A's medication logs and found the following errors:

- **Buspirone HCL 5MG:** Take one tablet by mouth twice daily was given at 8PM on 05/25/2025, but staff did not initial the medication log.
- **Pravastatin Sodium 20MG:** Take one tablet by mouth everyday was given at 8PM, but staff did not initial the medication log.

**REPEAT VIOLATION ESTABLISHED:
LSR dated 09/19/2025; CAP dated 09/19/2025**

R 400.14407	Bathrooms.
	<p>(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.</p>

During the on-site inspection on 10/09/2025, there was no ventilation in the middle hallway bathroom upstairs.

A corrective action plan was requested and approved on 10/09/2025. 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 at 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.



10/09/2025

Frodet Dawisha
Licensing Consultant

Date