



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

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

RE: License #: AL330007013
Moore Living Connections 2
1409 Georgetown Blvd
Lansing, MI 48911

Dear Ms. Hockey:

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:

- Please submit documentation of compliance by submitting the physicians orders for Resident A and Resident B's assistive devices by 03/17/2026.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "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 #: | AL330007013 |
| Licensee Name: | Moore Non-Profit Housing Corp |
| Licensee Address: | 5900 Executive Dr. Lansing, MI 48911 |
| Licensee Telephone #: | (231) 299-4055 |
| Licensee Designee: | Kathleen Hockey |
| Administrator: | Tereasa Maqdissi |
| Name of Facility: | Moore Living Connections 2 |
| Facility Address: | 1409 Georgetown Blvd Lansing, MI 48911 |
| Facility Telephone #: | (517) 887-6964 |
| Original Issuance Date: | 03/06/1980 |
| Capacity: | 16 |
| Program Type: | DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2026

Date of Bureau of Fire Services Inspection if applicable: 02/26/2026

Date of Environmental/Health Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 8

No. of residents interviewed and/or observed 2

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.
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 400.673 | Use of assistive devices, therapeutic support. |
| | (2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization. |
| <ul style="list-style-type: none">• Resident A's resident record did not include an order by a licensed health care professional for his walker stating the reason for this assistive device and the term of the authorization.• Resident B's resident record did not include an order by a licensed health care professional for his walker stating the reason for this assistive device and the term of the authorization. | |

A corrective action plan was requested and approved on 03/03/2026. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification are recommended.



Jennifer Browning
Licensing Consultant

_____03/03/2026_____

Date