



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 13, 2026

Gladys Sledge  
Packard Group Inc  
PO Box 2066  
Southfield, MI 48037

RE: License #: AS630271172  
**Foxmoor Lane**  
**28510 Lorraine**  
**Farmington Hills, MI 48336**

Dear Ms. Sledge:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Sara Shaughnessy, MA  
Adult Foster Care Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630271172
<b>Licensee Name:</b>	Packard Group Inc
<b>Licensee Address:</b>	Suite 303 731 Pallister Street Detroit, MI 48202
<b>Licensee Telephone #:</b>	(248) 626-3837
<b>Licensee/Licensee Designee:</b>	Gladys Sledge
<b>Administrator:</b>	Kenneth Sledge
<b>Name of Facility:</b>	Foxmoor Lane
<b>Facility Address:</b>	28510 Lorraine Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 476-8139
<b>Original Issuance Date:</b>	02/23/2005
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/11/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administrator

- 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 onsite inspection did not take place during a mealtime. An adequate amount of food was observed.
- 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: 02/21/2024; R 400.14315, R 400.14318, R 400.14403, R 400.14507 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 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(14) Handrails and nonskid surfacing must be installed in showers and bath areas.</b>
The resident bathroom did not have any nonskid surfacing.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.</b>
The lock on the cabinet door that contains the medications was not working at the time of the onsite inspection.	
<b>R 400.691</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record.</b>
Resident A was missing a weight for December 2025.	

#### IV. RECOMMENDATION

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



03/13/2026

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Sara Shaughnessy  
Licensing Consultant

Date