



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 14, 2026

Kelly Burleson
K & L Assisted Home Care, LLC
224 Woodhaven Drive
Lansing, MI 48917

RE: License #: AS230407232
K & L Assisted Home Care, LLC
224 Woodhaven Drive
Lansing, MI 48917

Dear Kelly Burleson:

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 a renewal application and fee and an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled, 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS230407232

Licensee Name: K & L Assisted Home Care, LLC

Licensee Address: 224 Woodhaven Drive
Lansing, MI 48917

Licensee Telephone #: (517) 249-0327

Licensee Designee: Kelly Burleson

Administrator: Leeanna Woods

Name of Facility: K & L Assisted Home Care, LLC

Facility Address: 224 Woodhaven Drive
Lansing, MI 48917

Facility Telephone #: (517) 657-3663

Original Issuance Date: 12/10/2021

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 04/13/2026

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 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
Medications were no longer onsite as residents were no longer residing in the facility.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Medications were no longer onsite as residents were no longer residing in the facility; however, past medication administration records were reviewed.
- 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.
Inspection did not occur at meal time. The food in 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 400.619 Emergency preparedness plan.

(1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.

FINDING: The emergency preparedness plan did not document where residents will receive care in the event the facility is no longer habitable.

R 400.619 Emergency preparedness plan.

(2) An emergency preparedness plan must include all of the following:

- (a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.**
- (b) Persons to be notified during an emergency.**
- (c) Locations of alarm signals and fire extinguishers.**

FINDING: The emergency preparedness plan did not specify the persons responsible for carrying out the emergency preparedness plan and their responsibilities, persons to be notified during an emergency, or identify the locations of alarm signals and fire extinguishers.

R 400.619 Emergency preparedness plan.

(3) A licensee must have a written fire safety plan that includes all of the following:

- (c) Isolation of fire.**
- (e) Closure of bedroom doors and corridor access doors on exiting.**
- (f) Use of fire extinguishers.**

FINDING: The fire safety plan within the emergency preparedness plan did not include isolating the fire, closing bedroom doors and corridor access doors, if applicable, on exiting and the use of fire extinguishers.

R 400.619 Emergency preparedness plan.

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire,

with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

FINDING: There was no record of the licensee retraining staff on the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment, for the first quarter of 2026, as required.

R 400.687 Resident admission and discharge policy; house rules; change of residency; provision of resident records.

(3) A licensee shall have a written policy on visitation that includes if overnight visitors are allowed. A roommate shall consent to have an overnight visitor spend the night if in a resident semi-private room. An overnight visitor is considered an occupant. The facility cannot exceed the occupant capacity in accordance with R 400.613(3).

FINDING: A written policy on visitation that includes if overnight visitors are allowed was not available for review during the inspection.

R 400.731 Flame-producing equipment; enclosures.

(1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.

FINDING: In addition to the heating plant being enclosed as required by subrule (2), there must be floor separation at the top OR bottom of the stairs, which was not observed during the inspection.

Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and submission of the renewal application and fee, renewal of the license and specialized certification for the mentally ill and developmentally disabled, is recommended.



04/14/2026

Cathy Cushman
Licensing Consultant

Date