



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 20, 2026

Kelly Devereaux
Mentors Of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: License #: AS630277642
Mansfield
6180 Wynford
West Bloomfield, MI 48322

Dear Kelly Devereaux:

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 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 dark ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped "D" and a trailing flourish.

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630277642
Licensee Name:	Mentors Of Michigan, Inc.
Licensee Address:	3812 Finch Troy, MI 48084
Licensee Telephone #:	(248) 632-3534
Licensee Designee/Administrator:	Kelly Devereaux, Designee
Name of Facility:	Mansfield
Facility Address:	6180 Wynford West Bloomfield, MI 48322
Facility Telephone #:	(248) 632-3534
Original Issuance Date:	09/12/2005
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2026

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Vice Pres. of Operations

- 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.
Inspection did not occur during meal time
- 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 400.645	Environmental health.
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

During the onsite inspection, the water temperature was measured at 124.5°F in the bathroom.

R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the onsite inspection, the floors throughout the home were slippery from the cleaning products used. The floor was damaged in the hallway and near the bathroom door.

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.

Resident A's individual plan of service (IPOS) did not specify use of a cane. Resident A's assistive devices including her oxygen, cane, and hospital bed were not listed in the licensing assessment plan.

R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the onsite inspection, Resident A's Alendronate 70mg tab was still in the bubble pack for 04/11/26, indicating that it was not administered as prescribed.

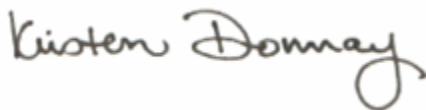
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given.

The prescription instructions for Resident A's Diltiazem 24h ER 240mg cap state to hold if blood pressure is < 110 or heart rate is < 60. Resident A's April 2026 Medication Administration Record (MAR) did not include the correct instructions, as it stated to hold the medication if heart rate is < 90.

Resident A's April 2026 MAR was initialed for Alendronate 70mg on 04/11/26; however, the medication was still in the bubble pack.

IV. RECOMMENDATION

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



04/20/2026

Kristen Donnay
Licensing Consultant

Date