



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 19, 2024

Roger Covill  
North-Oakland Residential Services Inc  
P. O. Box 216  
Oxford, MI 48371

RE: License #: AS630012521  
Lakeville Home  
3060 Rochester Road  
Leonard, MI 48367

Dear Roger Covill:

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 or
- 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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads 'Kristen Donnay'.

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**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS630012521                              |
| <b>Licensee Name:</b>          | North-Oakland Residential Services Inc   |
| <b>Licensee Address:</b>       | 106 S. Washington<br>Oxford, MI 48371    |
| <b>Licensee Telephone #:</b>   | (248) 969-2392                           |
| <b>Licensee Designee:</b>      | Roger Covill                             |
| <b>Name of Facility:</b>       | Lakeville Home                           |
| <b>Facility Address:</b>       | 3060 Rochester Road<br>Leonard, MI 48367 |
| <b>Facility Telephone #:</b>   | (248) 628-4969                           |
| <b>Original Issuance Date:</b> | 11/20/1987                               |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED                 |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 06/17/24

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.  
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:

|                    |  |
|--------------------|--|
| <b>R 400.14312</b> | <b>Resident medications.</b>   |
|                    | (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:<br>(c) Record the reason for each administration of medication that is prescribed on an as needed basis. |

A reason was not recorded for each administration of Resident F's PRN medication- Albuterol 0.083% Nebulizer on 06/11/24, 06/12/24, 06/13/24, or 06/14/24. A reason was not recorded for each administration of Resident P's PRN medication- Tylenol 500mg on 08/05/24, 08/06/24, 08/08/24, 08/09/24, 08/10/24, 08/11/24, 08/12/24, or 08/13/24. Staff did not record a reason for each administration of Resident P's PRN medication for Murine Ear Drops 6.5%.

|                    |  |
|--------------------|--|
| <b>R 400.14312</b> | <b>Resident medications.</b>   |
|                    | (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:<br>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency. |

Resident P is prescribed Murine Ear Drops 6.5%- instill 5 drops in both ears daily as needed. His medication administration records showed the ear drops were being administered daily from June-September 2024. There was no documentation on file showing that a review process was initiated for the repeated and prolonged use of the PRN medication.

|                    |   |
|--------------------|---|
| <b>R 400.14402</b> | <b>Food service.</b>  |
|                    | (3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and |

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|  | service. Refrigerators and freezers shall be equipped with approved thermometers. |
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During the onsite inspection, the thermometer in the refrigerator was broken and was not registering the correct temperature.

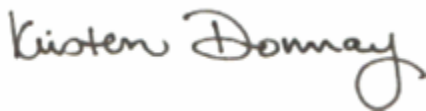
|                    |  |
|--------------------|--|
| <b>R 400.14403</b> | <b>Maintenance of premises.</b>  |
|                    | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |

During the onsite inspection, the dryer vent was not equipped with a rigid or semi-rigid metal vent. There was a gap at the bottom of the egress door located in the hallway.

A corrective action plan was requested and approved on 09/19/2024. 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.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



09/19/2024

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Kristen Donnay  
Licensing Consultant

Date