



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 31, 2024

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

RE: License #: AS510247338
Wildwood
12481 Milarch Rd.
Bear Lake, MI 49614

Dear Kathleen 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:

- You are to submit documentation of compliance. Please send photos when the concrete is repaired and the door lock is changed.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AS510247338
Licensee Name:	Moore Apt Non-Profit Housing Corp.
Licensee Address:	5900 Executive Drive Lansing, MI 48911
Licensee Telephone #:	(517) 393-2103
Licensee Designee:	Kathleen Hockey
Administrator:	Kathleen Hockey
Name of Facility:	Wildwood
Facility Address:	12481 Milarch Rd. Bear Lake, MI 49614
Facility Telephone #:	(231) 864-3619
Original Issuance Date:	05/08/2002
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/30/2024

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

Date of Environmental/Health Inspection if applicable: 08/20/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: ORR

- 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.
- 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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the inspection it was noted that the handle of the door leading from the home into the garage was not working properly and did not allow the door to properly latch.

R 400.14403 Maintenance of premises.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

During the inspection it was noted that a section of the concrete walkway at the entrance of the home had "settled" causing a 1-2 inch "lip." This results in a trip hazard and uneven egress for residents who use a wheelchair.

On October 30, 2024, I provided Licensee Designee Kathy Hockey with an exit conference. I explained my findings as noted above. Ms. Hockey stated she understood the findings and she had no further information to provide, nor questions to ask, pertaining to this renewal inspection. Ms. Hockey provided a written corrective action plan addressing the two cited areas of noncompliance noted above.

A corrective action plan was requested and approved on 10/30/2024. 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 and special certification.

IV. RECOMMENDATION

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

 October 31, 2024

Bruce A. Messer
Licensing Consultant

Date

