



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 15, 2025

Collin Wiley  
Packard Group II  
P O Box 2066  
Southfield, MI 48037

RE: License #: AM820010110  
**Pallister Home**  
**731 Pallister**  
**Detroit, MI 48202**

Dear Mr. Wiley:

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:

- An on-site inspection will be conducted.

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 (313) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads 'Shatonla Daniel'.

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202

(313) 919-3003

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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>	AM820010110
<b>Licensee Name:</b>	Packard Group II
<b>Licensee Address:</b>	P O Box 2066 Southfield, MI 48037
<b>Licensee Telephone #:</b>	(313) 872-7283
<b>Licensee/Licensee Designee:</b>	Collin Wiley
<b>Administrator:</b>	Colling Wiley
<b>Name of Facility:</b>	Pallister Home
<b>Facility Address:</b>	731 Pallister Detroit, MI 48202
<b>Facility Telephone #:</b>	(313) 872-7283
<b>Original Issuance Date:</b>	06/04/1993
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2025

Date of Bureau of Fire Services Inspection if applicable: 11/04/2024

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1

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.  
Staff was cutting the grass and cleaning outside
- 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 was not done during meal times.
- 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:  
318 (5), 312 (4b), 316 (g) (i) 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 400.14407 Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of inspection, I observed both upstairs resident bathroom doors to not be equipped with non-locking against egress hardware.

A corrective action plan was requested and approved on 07/14/2025. 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.



07/15/2025

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Shatonla Daniel  
Licensing Consultant

Date