



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 24, 2025

Daniel Prero
Orion Manor ALF, LLC
29566 Northwestern Hwy St
Southfield, MI 48034

RE: Application #: AM630419158
Orion Manor
1814 S Lapeer Rd
Lake Orion, MI 48360

Dear Mr. Prero:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM630419158
Applicant Name:	Orion Manor ALF, LLC
Applicant Address:	29566 Northwestern Hwy St Southfield, MI 48034
Applicant Telephone #:	(888) 202-6552
Administrator/Licensee Designee:	Daniel Prero
Name of Facility:	Orion Manor
Facility Address:	1814 S Lapeer Rd Lake Orion, MI 48360
Facility Telephone #:	(218) 814-6714
Application Date:	01/21/2025
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/09/2024	Inspection Completed-Fire Safety: A See AM630378604
01/21/2025	Enrollment
01/21/2025	PSOR on Address Completed
01/21/2025	Application Incomplete Letter Sent RI030/FPS for Simcha
01/23/2025	Contact - Document Received 1326
02/07/2025	Contact - Document Received 030
02/20/2025	Application Incomplete Letter Sent A copy of the checklist and the examples on how to complete the required forms were sent to the applicant.
03/04/2025	Inspection Completed-Fire Safety: C Temporary until 4/15/25
04/03/2025	Contact - Document Received I received a few of the requested documents from the applicant.
04/09/2025	Contact - Document Received I received an additional document.
04/10/2025	Contact - Document Sent A correction letter was sent to the applicant outlining which documents are missing and need corrections.
04/24/2025	Contact - Document Received I received corrected documents from the applicant.
05/05/2025	Inspection Completed-Fire Safety: A
05/08/2025	Contact - Document Sent I re-sent the correction letter and checklist as the applicant did not make the requested corrections and did not submit the missing documents.
06/10/2025	Contact - Telephone call made I made a telephone call to the applicant and addressed every issue with her documents and explained in detail the corrections

	that are needed and reminded her of the documents that are still missing.
06/12/2025	Contact - Document Received I received corrected documents from the applicant.
07/08/2025	Contact - Document Sent I sent another correction letter to the applicant for the fourth time as the applicant is still not complying with the corrections nor has she provided the missing documents.
07/29/2025	Contact - Document Sent A fifth correction letter was sent to the applicant.
08/12/2025	Contact - Document Received AFC-100.
08/19/2025	Contact - Document Sent The sixth correction letter was sent to the re-assigned applicant Danny Prero.
09/09/2025	Contact – Document Sent A letter was sent to the applicant and the current licensee designee providing final deadlines to complete the paperwork and to ensure physical plant compliance.
09/16/2025	Contact – Document Sent An email was sent to the applicant indicating the majority of the paperwork has been approved however; it was reiterated the items that were still missing.
09/17/2025	Contact – Document Sent The applicant has been informed that the paperwork has been approved. An onsite was scheduled for 10/7/25.
10/07/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is currently licensed as an AFC group home under license number AM630378604. A new application was received for a change of ownership.

This facility is a single-family ranch style home in Lake Orion, MI. There are eleven bedrooms, two full bathrooms, and two half bathrooms. One bedroom is a semi-private bedroom as it has space for two beds. The first bathroom is a half bath which is located near the employee office. The first bathroom also contains a washer and dryer. The fourth bathroom is a half bath which also contains a wash bowl to wash the residents hair. There are three sitting areas in the home including a sunroom. The facility has two approved separate and independent means of egress with non-locking against egress hardware. Both means of egress doors require a code to enter and exit each door. In the event of an emergency, you can open each door after pushing it open for 15 seconds. The facility is wheelchair accessible. The main and second means of egress are equipped with wheelchair ramps that lead to street level. There is a small parking lot located near the front entrance. The facility has city water and sewage. There is a dining area near the kitchen. The dining area includes a table that seats six residents. In the event the home is at full capacity, the home arranges two separate meal times for six residents at a time.

The heating plants are located in the basement. There are two furnaces and one water heater. The basement door and the heating plant room are equipped with automatic self-closing device with positive latching hardware. The fire door located in the heating plant room is constructed of material which has a 3-hour fire resistance rating. There is a smoke alarm located inside the heating plant room. The facility is equipped with interconnected, hardwire smoke detection system and was observed to be fully operational. The facility is also equipped with a sprinkler system installed throughout the facility including each bedroom. There is a fire extinguisher located near the kitchen, near the first half bathroom, and in the basement. A fire inspection was completed by the bureau of fire services on 05/05/25 and there were no concerns reported. There were thermometers observed in the refrigerator and freezer. There is a locked closet across from the employee office for the residents medication.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, dresser, closet, and/or wardrobe. There are eight bedrooms that do not have any locks on the doors. The remaining three bedrooms are equipped with non-locking against egress hardware. During the onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The eleven resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 x 14.17	212.55	1
2	11 x 15.75	173.25	2
3	11.58 0 x 12.33	142.78	1
4	10.33 x 17.75	183.35	1
5	10.33 x 15.33	158.35	1
6	11.83 x 14.92	176.50	1
7	10.33 x 14.83	153.19	1
8	10.58 x 15.42	163.14	1
9	17.83 x 12.17	216.99	1
10	11.5 x 13.42	154.33	1
11	13.33 x 9.92	132.23	1

Total Capacity: 12

The TV room, sun room, and sitting area measure a total of 500.63 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can continue to accommodate 12 residents. It is the licensee responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Orion Manor will provide 24-hour supervision, protection, and personal care to 12 female and/or male residents.

Orion Manor serves both ambulatory and non-ambulatory residents. The program type includes care for residents who are Aged and those with Alzheimer's disease. The program's goal is to promote independence and dignity while supporting each resident's highest level of functioning. Services provided within the home include assistance with personal care, medication administration, support with activities of daily living (ADLs), supervision, and memory care. Services provided in the community may include healthcare appointments, day programs, and recreational outings coordinated with families or guardian.

The program at Orion Manor provides essential self-care and habilitation training designed to support residents in maintaining their independence. It focuses on basic self-care, social education, and personal development to help residents meet their daily needs and remain as independent and self-sufficient as possible. Transportation will not

be provided by the home. Orion Manor will assist residents and their representatives in arranging other transportation if necessary.

C. Applicant and Administrator Qualifications

I received a copy of a warranty deed addressed to Bently Square Ventures LLC. The warranty deed is signed by the previous owner of this facility Steven Mazzetti. A copy of a management agreement was also received. The management agreement is signed by Steven Mazzetti dated 12/16/24 and the current licensee group name Orion Manor ALF.

Mr. Prero has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Prero is trained in adult foster care, knowledge of the needs of the population, fire and safety prevention, resident rights, nutrition, financial and administrative management, prevention and containment of communicable disease, CPR, and first aid.

Lori Lee will be the administrator. Ms. Lee has worked for Orion Manor for over 20 years in the capacity of direct care worker to administrator. Ms. Lee provided documentation to satisfy the qualifications and training requirements. Ms. Lee is trained in resident rights, fire and safety prevention, prevention and containment of communicable disease, CPR and first aid, financial and administrative management, and nutrition. Ms. Lee's experience at Orion Manor meets the qualifications for foster care and knowledge of the needs of the population served.

Mr. Prero acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

Mr. Prero acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or direct access to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Prero acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee can administer medication to residents. In addition, Mr. Prero indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Prero acknowledged his responsibility to obtain all required moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Prero

acknowledged his responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Prero acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Prero acknowledged his responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home. Mr. Prero also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mr. Prero acknowledged his responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Prero acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Prero acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and; all of the resident's personal money transactions that have been agreed to be managed by the licensee designee.

Mr. Prero acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Prero indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Prero acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Mr. Prero indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Prero acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Prero acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Orion Manor was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

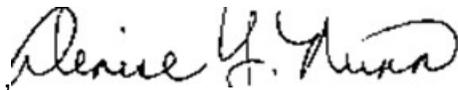
I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



Sheena Worthy
Licensing Consultant

10/10/25
Date

Approved By:



10/24/2025

Denise Y. Nunn
Area Manager

Date