



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 3, 2026

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

RE: License #: AL330007014

**Moore Living Connections 1**  
**1401 Georgetown Blvd**  
**Lansing, MI 48911**

Dear Ms. 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:

- Please submit documentation of compliance by submitting the physicians order for assistive devices by 03/17/2026.

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AL330007014

**Licensee Name:** Moore Non-Profit Housing Corp

**Licensee Address:** 5900 Executive Dr.  
Lansing, MI 48911

**Licensee Telephone #:** (231) 299-4055

**Licensee Designee:** Kathleen Hockey

**Administrator:** Tereasa Maqdissi

**Name of Facility:** Moore Living Connections 1

**Facility Address:** 1401 Georgetown Blvd  
Lansing, MI 48911

**Facility Telephone #:** (517) 887-6964

**Original Issuance Date:** 03/06/1980

**Capacity:** 16

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2026

Date of Bureau of Fire Services Inspection if applicable: 02/26/2026

Date of Health Authority Inspection if applicable: Not applicable.

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] Role: [redacted]

- 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:

<b>R 400.673</b>	<b>Use of assistive devices, therapeutic support.</b>
	<b>(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.</b>
Resident A's resident record did not include an order by a licensed health care professional for her walker stating the reason for this assistive device and the term of the authorization.	

A corrective action plan was requested and approved on 03/03/2026. 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 and special certification are recommended.



Jennifer Browning  
Licensing Consultant

\_\_\_\_\_ 03/03/2026 \_\_\_\_\_  
Date