



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2026

Kelly Devereaux
Mentors Of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: License #: AS630278795
Teggerdine Hills
284 Teggerdine
White Lake, MI 48386

Dear Kelly Devereaux:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

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

License #:	AS630278795
Licensee Name:	Mentors Of Michigan, Inc.
Licensee Address:	3812 Finch Troy, MI 48084
Licensee Telephone #:	(248) 632-3534
Licensee Designee:	Kelly Devereaux
Administrator:	Kelly Devereaux
Name of Facility:	Teggerdine Hills
Facility Address:	284 Teggerdine White Lake, MI 48386
Facility Telephone #:	(248) 242-6940
Original Issuance Date:	09/30/2005
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2026

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

Date of Health Authority Inspection if applicable: 10/25/2025

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: VP of Operations

- 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:

R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

During the onsite inspection, Resident J had \$187 cash on hand that was in an envelope in his resident file. There was no funds transaction form completed to account for his cash on hand.

R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The blinds in bedroom #1 were broken and dirty.
- The toilet in the bathroom attached to bedroom #1 was not flushing properly.
- A door handle was missing on the linen closet.
- The windows in bedroom #2 would not open. One of the windows was missing the hand crank used to open it.
- An electrical outlet in bedroom #3 was loose and coming off of the wall.

R 400.647	Safety and maintenance of premises.
	(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

During the onsite inspection, the bathtub in the main bathroom did not have a handrail.

R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the onsite inspection, the walls throughout the facility were not in good repair. Mismatched paint was used to cover damaged areas on the walls. The walls in bedroom #3 were damaged and had peeling paint.

R 400.673	Use of assistive devices, therapeutic support.
	(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.

Resident J's assessment plan/individual plan of service did not specify the use of his assistive devices including his shower chair and cane.

R 400.675	Resident medications.
	(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

During the onsite inspection, the label on Resident J's PRN medication, Lorazepam 0.5mg, indicated that the medication expired on 02/25/26. The expired medication was still in his medication basket and had not been disposed of or replaced.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(11) A licensee shall contact a resident's health care professional for instructions as to the care of the resident if the resident requires the care of a health care professional. The licensee shall record in the resident's record any instructions for the care of the resident.

During the onsite inspection, Resident J's medication administration record (MAR) indicated that staff are conducting glucose checks twice a day. There were no instructions recorded from a health care professional regarding what the acceptable range is, or what action staff should take if his glucose is above or below a certain level.


R 400.715	Facility environment; fire safety, adoption by reference.
	(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years.

	<p>A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:</p> <ul style="list-style-type: none"> (a) Improve the score to at least the "slow" category. (b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.
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During the onsite inspection, there were no evacuation assessments (E-scores) on file that were completed within 30 days after admission for the residents who moved into the home on 01/17/25. There were no E-scores on file that were updated in 2025.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



03/06/2026

Kristen Donnay
Licensing Consultant

Date