



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 14, 2026

Roger Covill  
North-Oakland Residential Services Inc  
P. O. Box 216  
Oxford, MI 48371

RE: License #: AS630012751  
Andersonville Home  
12108 Andersonville  
Davisburg, MI 48350

Dear Roger Covill:

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 or
- You are to submit a Statement of Correction.

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 (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**

<b>License #:</b>	AS630012751
<b>Licensee Name:</b>	North-Oakland Residential Services Inc
<b>Licensee Address:</b>	106 S. Washington Oxford, MI 48371
<b>Licensee Telephone #:</b>	(248) 969-2392
<b>Licensee Designee/Administrator:</b>	Roger Covill
<b>Name of Facility:</b>	Andersonville Home
<b>Facility Address:</b>	12108 Andersonville Davisburg, MI 48350
<b>Facility Telephone #:</b>	(248) 634-5122
<b>Original Issuance Date:</b>	10/02/1992
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2026

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

Date of Environmental/Health Inspection if applicable: 12/09/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Area manager/Licensee designee

- 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:

<b>R 400.645</b>	<b>Environmental health.</b>
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

During the onsite inspection, the faucet in bathroom #2 had low water pressure.

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	(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 doorframe/molding in the closet in bedroom #3 was damaged/missing, leaving nails exposed.
- The door on bedroom #3 was showing signs of excessive wear and tear with splitting/splintered wood, and damaged molding.
- The light switch in bathroom #2 was broken.

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

During the onsite inspection, the roof was not in good repair, with shingles falling off and missing.

<b>R 400.715</b>	<b>Facility environment; fire safety, adoption by reference.</b>
	(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and

	accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.
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The fire safety system was not inspected annually in 2025 (inspections dated October 2024 and January 2026). During the onsite inspection, the fire alarm and flow valve were not working properly when tested. The technician from Quality 1<sup>st</sup> was contacted during the onsite inspection and provided instructions and guidance for setting off the alarm and monitoring the flow valve system.

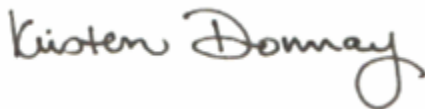
<b>R 400.729</b>	<b>Heating equipment.</b>
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.

During the onsite inspection, the dryer vent did not have rigid or semi-rigid metal duct work.

A corrective action plan was requested and approved on 04/14/2026. 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.

#### IV. RECOMMENDATION

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



04/14/26

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Kristen Donnay  
Licensing Consultant

Date