GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 26, 2026

Kimberly Pemberton and Bert Pemberton
5640 Meadowview
Sterling Heights, MI 48310

RE: License #: AF500262745
Pemberton House
5640 Meadowview
Sterling Heights, MI 48310

Dear Kimberly Pemberton and Bert Pemberton:

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 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,

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
3044 W Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #:	AF500262745
Licensee Name:	Kimberly Pemberton and Bert Pemberton
Licensee Address:	5640 Meadowview Sterling Heights, MI 48310
Licensee Telephone #:	(586) 668-1192
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Pemberton House
Facility Address:	5640 Meadowview Sterling Heights, MI 48310
Facility Telephone #:	(586) 264-8524
Original Issuance Date:	01/08/2004
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 2
No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  I observed medications.
- 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.
  I observed adequate food supply.
- 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 400.621 Capability.

Licensees, staff, volunteers, and members of the household shall be capable of ensuring the welfare of residents.

Lowell Hunt is an adult member of household that has not completed background checks.

R 400.631 Health screenings.

(1) A licensee, staff, volunteers, and members of the household shall be in such physical and mental health as not to negatively affect the health or care of the residents.

Bert Reynolds, licensee, did not have a current medical clearance completed.

R 400.661 Bedroom furnishings.

(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

I observed that bedroom number was not equipped with an accessible mirror.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

I observed on the *Medication Administration Record* for Resident A that the following medications were listed but are no longer in use and unavailable as follows: Ciclopirox 8% solution and Ketoconazole shampoo.

I observed on the *Medication Administration Record* for Resident B that the following medication was listed but is no longer in use and unavailable as follows: Combivent Respiratory inhaler.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

Resident A and Resident B did not have a *Resident Care Agreement* completed in 2025.

IV. RECOMMENDATION

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

L. Reed

06/26/2026

LaShonda Reed
Licensing Consultant

Date