GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 29, 2026

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: **AS630292695**
Timber Ridge Trail Group Home
5127 Timber Ridge Trail
Clarkston, MI 48346

Dear Gladys Sledge:

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,

Kellie Garner, Licensing Consultant
Cadillac Place
3044 W. Grand Blvd
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
Email: Garnerk3@michigan.gov
Phone: (248) 915-8117
Fax: (517) 763-0204

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

I. IDENTIFYING INFORMATION

License #:	AS630292695
Licensee Name:	Packard Group Inc
Licensee Address:	731 Pallister Street Suite 303 Detroit, MI 48202
Licensee Telephone #:	(248) 626-3837
Licensee Designee/ Administrator:	Gladys Sledge
Name of Facility:	Timber Ridge Trail Group Home
Facility Address:	5127 Timber Ridge Trail Clarkston, MI 48346
Facility Telephone #:	(248) 623-2517
Original Issuance Date:	01/14/2008
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2026

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 1
No. of others interviewed 2 Role: Licensee Designee, Home Mgr

- 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:

R 400.629	**Direct care staff; qualifications and training.**
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

During renewal inspection visit on 06/25/2026, I reviewed employee records for Chelsea Fugate. Employee, Chelsea Fugate's CPR training expired in May 2026.

R 400.639	**Staff records.**
	(1) A licensee shall maintain a record for each staff that contains all of the following: (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

During renewal inspection visit on 06/25/2026, I reviewed employee records for Chelsea Fugate and Daytreal Stacey. Employee files only contained one reference check.

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 renewal inspection visit on 06/25/2026, I conducted a walk-through of the physical plant. The dryer cord was observed to be connected to an extension cord. This is not permitted due to manufacturer's instructions, noted on the appliance cord.

R 400.729	**Heating equipment.**
	(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

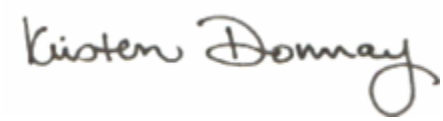
	and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.

During renewal inspection visit on 06/25/2026, I conducted a walk-through of the physical plant. The dryer was not vented properly to the metal duct. The dryer vent was not connected to the metal duct, and it was not within reach.

IV. RECOMMENDATION

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

_____06/29/2026
Kellie Garner Date
Licensing Consultant



_____06/29/2026
Kristen Donnay Date
WOC Area Manager