



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2022

Pamala Schmitt
Aspen Assisted Living LLC
32408 W Seven Mile Rd
Livonia, MI 48152

RE: License #: AL820403228
Aspen Assisted Living
32406 Seven Mile Rd
Livonia, MI 48152

Dear Ms. Schmitt:

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 or licensee designee or home for the aged authorized representative 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AL820403228

Licensee Name: Aspen Assisted Living LLC

Licensee Address: 32408 W Seven Mile Rd
Livonia, MI 48152

Licensee Telephone #: (248) 987-4460

Licensee/Licensee Designee: Pamala Schmitt

Administrator: Pamala Schmitt

Name of Facility: Aspen Assisted Living

Facility Address: 32406 Seven Mile Rd
Livonia, MI 48152

Facility Telephone #: (248) 987-4460

Original Issuance Date: 03/08/2021

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2022

Date of Bureau of Fire Services Inspection if applicable: 07/29/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role: N/A

- 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 400.15204 Direct care staff; qualifications and training.

(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Staff, Kaitlyn Martin, started employment 03/08/2021 and her 1st aid and CPR training was completed 06/22/2021, which was after her employment.

Staff, Ti'Yanna Rambus, did not have verification of completion of 1st aid and CPR training in her file.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Staff, Kaitlyn Martin, did not have a physical health statement completed within 30 days of employment. She started employment 03/08/2021 and her physical health statement was completed 07/12/2021.

Staff, Ti'Yanna Rambus, did not have a physical health statement completed within 30 days of employment. She started employment 10/03/2021 and her physical health statement was completed 11/16/2020.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff, Kaitlyn Martin, did not have TB testing completed before employment. She started employment 03/08/2021 and TB testing was obtained 07/12/2021.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's assessment plan was not completed at the time of admission. He was admitted 01/30/2022. He had a pre-assessment dated 01/27/2022 and a post assessment dated 01/28/2022.

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

03/01/2022

Date