



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 5, 2022  
Jason Schmidt  
New Life Services Inc  
36022 Five Mile Road  
Livonia, MI 48154

RE: License #: AS630252458  
**Dunham Group Home**  
**3241 Dunham**  
**Highland, MI 48357**

Dear Mr. Schmidt:

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.

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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS630252458
<b>Licensee Name:</b>	New Life Services Inc
<b>Licensee Address:</b>	36022 Five Mile Road Livonia, MI 48154
<b>Licensee Telephone #:</b>	(734) 744-7334
<b>Licensee/Licensee Designee:</b>	Jason Schmidt
<b>Administrator:</b>	Jason Schmidt
<b>Name of Facility:</b>	Dunham Group Home
<b>Facility Address:</b>	3241 Dunham Highland, MI 48357
<b>Facility Telephone #:</b>	(248) 887-6565
<b>Original Issuance Date:</b>	10/31/2003
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2022

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

Date of Environmental/Health Inspection if applicable: 03/16/22

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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:  
LSR CAP Approved 07/21/20; 803(3), 803(5), 301(6)(b) 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 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
- (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident A did not have a physical completed upon her admission into the AFC group home.

- R 400.14301**      **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 signed by the guardian or the licensee designee, Jason Schmidt.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/21/20**

A fee was not documented on Resident A's 2019 resident care agreement or Resident B's 2020 and 2021 resident care agreement.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

A resident care agreement was not completed for Resident A in 2021.

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B's funds part I form was not signed by the licensee designee, Jason Schmidt. The funds part II forms for Resident A and Resident B was not completed on the licensing department form.

**R 400.14316 Resident records.**

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
- (a) Identifying information, including, at a minimum, all of the following:
    - (b) Date of admission.
    - (c) Date of discharge and the place to which the resident was discharged.

Resident A identification record did not document her date of admission or discharge date.

**R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.**

- (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the first quarter in 2020, only two fire drills were completed. During the third quarter in 2020, an evening fire drill was not completed.

**R 330.1803 Facility environment; fire safety**

- (3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

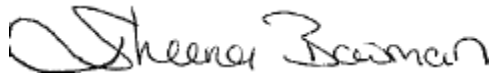
**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/21/20**

During the first quarter in 2020, only two fire drills were completed. During the third quarter in 2020, an evening fire drill was not completed.

A corrective action plan was requested and approved on 06/30/2022. 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.



07/05/22

Date

Licensing Consultant