



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 8, 2022

Andre Lately  
ASPGM LLC  
41830 Carousel  
Novi, MI 48377

RE: License #: AS820385859  
**All Love Home**  
**28529 PARKWOOD ST**  
**INKSTER, MI 48141**

Dear Mr. Lately:

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.

A six-month provisional license is recommended. **If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document.** If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820385859

**Licensee Name:** ASPGM LLC

**Licensee Address:** 41830 Carousel  
Novi, MI 48377

**Licensee Telephone #:** (313) 263-6470

**Licensee/Licensee Designee:** Andre Lately, Designee

**Administrator:** Andre Lately

**Name of Facility:** All Love Home

**Facility Address:** 28529 PARKWOOD ST  
INKSTER, MI 48141

**Facility Telephone #:** (734) 855-6841

**Original Issuance Date:** 07/12/2017

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/01/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 01  
No. of residents interviewed and/or observed 05  
No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks.
- 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:  
318(5), 301(4) and 301(9) 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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

The licensee did not demonstrate compliance with completing E-scores within 30 days of every new admit. Specifically, Resident C was placed at the home on 4/18/22; his e-score was completed on 5/20/22 (2 days past the 30-day requirement), Resident D was placed at the home 9/22/21-3/11/22; he does not have an E-score on file within 30 days of placement, and Resident E was placed at the home 9/3/20-6/9/22; he does not have an E-score on file within 30 days of placement.

**R 400.14205 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 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.**

Direct care worker, Regina McCoy's date of hire is documented as 5/2/22; Ms. McCoy does not have a physician statement on file that attests to her health status.

**R 400.14205 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.

Direct care worker, Daniel Phillips was hired to work at the facility on 3/14/22; his TB test results were read on 4/11/22 which is nearly a month after he assumed his job duties.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (d) Verification of the age requirement.

Regina McCoy's identification was not included in her file, so I was unable to verify she meets the age requirement. No other proof of age was provided upon request.

Mr. Lately seemed surprised by this finding, stating he did not know they do not have a valid ID on file for this employee.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

Daniel Phillips has no reference checks completed.

**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 AFC Assessment Plan dated 3/27/22 is not signed by Mr. Lately.

Resident B did not have his AFC Assessment Plan updated in 2020 or 2021.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 7/10/20.

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

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

Mr. Lately did not sign the Resident Care Agreements, as required. The document was only signed by his Administrative Assistant, Whitney Patterson.

Note: Resident A's 3/27/22 Resident Care Agreement had the wrong signature page; the signature page used is for the AFC Assessment Plan. Therefore, the person completing the report combined 2 forms.

**R 400.14310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A has no weight documented 06/22.

Resident B has no weight records for 7/20, 8/20, 9/20, 11/20, 12/20, 3/21, 4/21, 8/21, 10/21, 11/21, and 4/22.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

The licensee did not demonstrate compliance with documenting resident medication because Resident A's, April 2022 log was not furnished upon request and Resident B's August 2020 log was not furnished upon request. According to Whitney Patterson, medication administration records are kept electronically. However, Ms. Patterson reported Resident B was not "put in ECP system until 9/8/20." Ms. Patterson indicated she does not know where Resident B's medication logs are maintained prior to September. Ms. Patterson did not provide an explanation regarding Resident A's missing medication record.

**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.

The licensee did not demonstrate compliance with resident funds and valuables because Resident A had no Resident Funds II forms completed. Per Ms. Patterson, Resident A's guardian has made payments to the home for the resident's cost of care. Resident B did not have cost of care payments recorded for: 9/20, 11/20, 2/21, 8/21, 9/21, 10/21, 11/21, and 12/21.

**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:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.
- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.
- (d) Health care information, including all of the following:
  - (i) Health care appraisals.
  - (ii) Medication logs.
  - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
  - (iv) A record of physician contacts.
  - (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Resident A had no Resident Identification sheet on file.

Resident B's Resident Identification sheet was incomplete as it is missing the placing agency, date of admission, religious preference, physician info, preferred hospital, health insurance info, and burial provisions.

**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.

The licensee failed to complete fire drills as required. No fire drills were conducted during the 3<sup>rd</sup> quarter of 2020.

Mr. Lately reported once he was made aware of the problem, he corrected it by firing and hiring new Staff.

This is a **REPEAT VIOALTION**; See Renewal LSR dated 7/10/20.

**R 400.14403 Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Observed gnats flying throughout the facility.

Observed 1 resident bedroom with a dresser missing multiple drawers.

Observed torn blinds inside of most resident bedrooms and the bathroom; at least 1 window screen is torn.

**R 400.14403 Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Observed holes in the wall inside 2 resident bedrooms.

**On 7/1/22, I completed a face-to-face exit conference with Mr. Lately. Mr. Lately indicated he has not been onsite at the home regularly due to his busy schedule and personal issues. Mr. lately indicated he would make the necessary corrections to bring the home into compliance. Mr. Lately was cooperative during the review process.**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



07/08/22

Date

Licensing Consultant