



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 24, 2023

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. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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".

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) 895-8469

**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): 01/19/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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.  
In-person contact limited to mitigate risks of Covid-19.
- 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 400.14403            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 2 of 2 toilet lids are broken.

Mr. Lately reported the lids were recently damaged by residents having a behavior.

**R 400.14403            Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

Observed the big picture window in the living room facing the street is broken.

Mr. Lately reported the window was broken on 1/1/23 by a resident having a behavior.

**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 walls need to be sanded and painted.

Per Mr. Lately, the walls were patched to repair holes caused by residents having behaviors.

**R 400.14507            Means of egress generally.**

**(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.**

Observed 2 of 5 doors occupied by residents do not close to form a positive latch.

**R 400.14511 Flame-producing equipment; enclosures.**

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

Observed the fire door does not close to form a positive latch. Fire door is located off the kitchen on the same floor as resident bedrooms.

A corrective action plan was requested and approved on 01/24/2023. 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.



1/24/23

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Kara Robinson  
Licensing Consultant

Date