

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 15, 2023

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

> RE: License #: AS820014616 Kirkland Drive 433 Buckingham Canton, MI 48188

Dear Mr. Schmidt:

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,

Vancon Beallen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS820014616
Licensee Name:	New Life Services Inc.
Licensee Address:	36022 Five Mile Road Livonia, MI 48154
Licensee Telephone #:	(734) 744-7334
Licensee/Licensee Designee:	Jason Schmidt
Administrator:	Jason Schmidt
Name of Facility:	Kirkland Drive
Facility Address:	433 Buckingham Canton, MI 48188
Facility Telephone #:	(734) 397-6939
Original Issuance Date:	01/11/1994
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/2023 Date of Bureau of Fire Services Inspection if applicable: N/A Date of Environmental/Health Inspection if applicable: N/A 1 4 No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: Medication pass / simulated pass observed? Yes \Box No \boxtimes If no, explain. • Due to COVID-19. Medication(s) and medication record(s) reviewed? Yes \square No \square If no, explain. • Resident funds and associated documents reviewed for at least one resident? • Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \Box No \boxtimes If no, explain. No meals prepared/served during renewal process. Fire drills reviewed? Yes \boxtimes No \square If no, explain. Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain. • E-scores reviewed? (Special Certification Only) Yes X No X N/A • If no, explain.

- Water temperatures checked? Yes 🛛 No 🗌 If no, explain.
- Incident report follow-up? Yes □ No ⊠ If no, explain. No follow-up needed.
- 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 400.14205 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.

Employee, KB, did not have a completed physician statement within 30 days of hire.

IV. RECOMMENDATION

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

Vanen Beellin

Vanita C. Bouldin Licensing Consultant Date: 03/15/2023