



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 22, 2023  
Jason Schmidt  
New Life Services Inc  
36022 Five Mile Road  
Livonia, MI 48154

RE: License #: AS630012619  
**Alta Vista**  
**3361 Alta Vista**  
**Milford, MI 48380**

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 Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS630012619
<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>	Alta Vista
<b>Facility Address:</b>	3361 Alta Vista Milford, MI 48380
<b>Facility Telephone #:</b>	(248) 685-8216
<b>Original Issuance Date:</b>	02/21/1990
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2023

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

Date of Environmental/Health Inspection if applicable: 03/27/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

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:  
SI CAP Approved 12/14/22; 319(a), 208(3), 403(6), 304(1)(o),
- SI CAP Approved 3/31/23; 305(3), 308(2), 312(3)
- SI CAP Approved 11/10/22; 308(2)(a), 303(4)(c), 403(1), 403(2), 403(13)
- SI CAP Approved 12/29/21; 303(3), 304(1)(b), 308(2)f, 312(3), 312(4)(b), 303(2), 305(3)
- LSR CAP Approved 6/30/21; 403(4), 401(6), 402(2), 403(2), 403(13), 306(3), 301(10) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
New Life Services Inc. received approval on 08/08/00 to use an alternative form for Funds Part II.

### 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.**

**(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.**

During the first quarter in 2022, staff did not document the time the fire drill was completed in March. An evening fire drill was not completed during the third quarter in 2022.

**R 330.1803 Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

The 2021 and 2022 E-scores were not completed on the required appendix f of the 1985 life safety code of the national fire protection association forms.

**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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

An annual physical was not available for review for staff member, Justin Ishola.

**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.

A 2021 assessment plan for Resident B was not available for review. Resident B's 2022 assessment plan was not signed by the guardian. Resident A 2021 IPOS was not signed by the licensee designee, Jason Schmidt. Resident A 2022 assessment plan was not signed by the guardian.

**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 was missing a weight record for January 2021 and February 2022. Resident B was missing a weight record in December 2021.

**R 400.14312 Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Ensure liquid twice a day. However, this medication was not available in the home during the onsite.

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

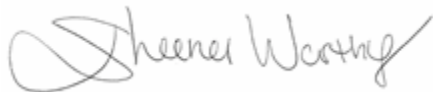
(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the first quarter in 2022, staff did not document the time the fire drill was completed in March. An evening fire drill was not completed during the third quarter in 2022.

A corrective action plan was requested and approved on 06/20/2023. 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.



Sheena Worthy  
Licensing Consultant

06/22/23

Date