



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 28, 2023

Khurram Shahzad  
New Hope White Lake, LLC  
3678 Prairie Creek Lane  
Saginaw, MI 48603

RE: License #: AH630406127

Dear Licensee:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 home for the aged authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630406127
<b>Licensee Name:</b>	New Hope White Lake, LLC
<b>Licensee Address:</b>	450 S Williams Lake Rd White Lake, MI 48386
<b>Licensee Telephone #:</b>	(551) 998-1221
<b>Authorized Representative:</b>	Khurram Shahzad
<b>Administrator:</b>	Alan Ford
<b>Name of Facility:</b>	New Hope White Lake Senior Living Community
<b>Facility Address:</b>	450 S Williams Lake Rd White Lake, MI 48386
<b>Facility Telephone #:</b>	(248) 886-6700
<b>Original Issuance Date:</b>	01/27/2023
<b>Capacity:</b>	117
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2023

Date of Bureau of Fire Services Inspection if applicable: 01/17/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 07/26/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 11  
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:

**R 325.1922 Admission and retention of residents.**

**(2) The admission policy shall specify all of the following:**

**(b) That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.**

**For Reference  
MCL 333.21302**

**"Supervised personal care" defined.**

**(2) "Supervised personal care" means the direct guidance or hands-on assistance with activities of daily living offered by a facility to residents of the facility that include 2 or more of the following services provided by the facility to any resident for 30 or more consecutive days as documented in the resident's service plan:**

**(a) Direct and regular involvement by staff in assisting a resident with the administration of the resident's prescription medications, including direct supervision of the resident taking medication in accordance with the instructions of the resident's licensed health care professional.**

**(b) Hands-on assistance by staff in carrying out 2 or more of the following activities of daily living: eating, toileting, bathing, grooming, dressing, transferring, and mobility.**

**(c) Direct staff involvement in a resident's personal and social activities or the use of devices to enhance resident safety by controlling resident egress from the facility.**

Without approval from the department, the licensee is offering independent living services to residents residing in a licensed home for the aged that do not meet criteria. Furthermore, the facility's program statement does not reference offering independent living services to home for the aged residents.

**R 325.1954 Meal and food records.**

**The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.**

The facility does not maintain a meal census record.

**R 325.1979 General maintenance and storage.**

**(1) The building, equipment, and furniture shall be kept clean and in good repair.**

A sink located in the assisted living salon was found to have very low water pressure when the hot water was turned on.

**IV. RECOMMENDATION**

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



07/28/2023

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Elizabeth Gregory-Weil  
Licensing Consultant

Date