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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 15, 2024

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

> RE: License #: AS820014616 Investigation #: 2024A0122017 Kirkland Drive

Dear Mr. Schmidt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (517) 284-9720.

Sincerely,

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

Enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS820014616
Investigation #	2024A0122017
Investigation #:	2024A0122017
Complaint Receipt Date:	03/28/2024
-	
Investigation Initiation Date:	04/01/2024
Report Due Date:	05/27/2024
Report Due Date.	03/21/2024
Licensee Name:	New Life Services Inc
Licensee Address:	36022 Five Mile Road
	Livonia, MI 48154
Licensee Telephone #:	(734) 744-7334
•	
Administrator:	Jason Schmidt
Licence Deciman	Jacon Cohmidt
Licensee Designee:	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
License Status:	DECLII AD
License Status:	REGULAR
Effective Date:	03/08/2023
Expiration Date:	03/07/2025
Canacity:	5
Capacity:	J
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

On 03/27/2024, staff member, Samantha, was found sleeping	Yes
during her shift.	

III. METHODOLOGY

03/28/2024	Special Investigation Intake 2024A0122017
03/28/2024	APS Referral ORR Referral
04/01/2024	Special Investigation Initiated - Telephone Completed interview with Dejuan Clash, Home Manager.
04/01/2024	Contact – Document sent. Email sent to Dejuan Clash, requesting additional information.
04/01/2024	Contact – Document received. Requested information.
04/02/2024	Contact – Telephone call made. Completed interview with Samantha Freeman.
04/09/2024	Exit Conference Discussed findings with Jason Schmidt, Licensee Designee.

ALLEGATION: On 03/27/2024, staff member, Samantha Freeman, was found sleeping during her shift.

INVESTIGATION: On 04/01/2024, I completed an interview with Home Manager, Dejuan Clash. Mr. Clash confirmed that on 03/27/2024, staff member, Samantha Freeman, was found sleeping during her shift. Per Mr. Clash, Ms. Freeman was discovered wrapped in a blanket and sleeping in a recliner in Resident A's room while Resident A napped.

On 04/02/2024, I reviewed Resident A's Individual Plan of Service dated 01/24/2024. The Plan states that Resident A is nonverbal, and she should receive 1:1 staffing for 6 months, until July 2024 to obtain residential assessment to update supervision needs.

On 04/02/2024, I completed an interview with Samantha Freeman. Ms. Freeman confirmed that she had received trained regarding Resident A's supervision needs, understanding that she was assigned her 1:1 staffing on 03/27/2024 and that meant staying awake during her assignment. Ms. Freeman confirmed that she had fallen asleep on 03/27/2024 while providing 1:1 supervision to Resident A.

On 04/09/2024, I completed an exit conference with Jason Schmidt, Licensee Designee, and discussed my findings with him. Mr. Schmidt stated he understood my findings and would submit a corrective action plan to address rule violation found.

APPLICABLE RULE		
R 400.14305	Resident protection.	
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.	
ANALYSIS:	On 03/27/2024, Samantha Freeman, staff member fell asleep while providing 1:1 supervision to Resident A.	
	On 04/01/2024, Dejuan Clash confirmed that on 03/27/2024, staff member, Samantha Freeman, was found sleeping during her shift.	
	On 04/02/2024, Samantha Freeman confirmed that she fell asleep on 03/27/2024 while assigned as Resident A's 1:1 supervision.	
	Resident A's Individual Plan of Service dated 01/24/2024 states that she should receive 1:1 staffing for 6 months, until July 2024 to obtain residential assessment to update supervision needs.	
	Based upon my investigation I find that Resident A's protection and safety were not attended to on 03/27/2024, as staff member Samantha Freeman did not provide appropriate supervision as documented in Resident A's Individual Plan of Service.	
CONCLUSION:	VIOLATION ESTABLISHED	

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change in the status of the license.

Vanita C. Bouldin

Licensing Consultant

Date: 04/09/2024

Approved By:

Ardra Hunter Area Manager Date 04/15/2024