



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 20, 2024

Gabriel Aroh  
Better Life Residential Care Inc  
4444 Lincoln Blvd  
Dearborn Heights, MI 48215

RE: License #: AS820291750  
**Better Life Residential Care**  
**4444 Lincoln Blvd.**  
**Dearborn Hts., MI 48125**

Dear Mr. Aroh:

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 #:** AS820291750

**Licensee Name:** Better Life Residential Care Inc

**Licensee Address:** 4444 Lincoln Blvd  
Dearborn Heights, MI 48215

**Licensee Telephone #:** (131) 356-1460

**Licensee/Licensee Designee:** Gabriel Aroh, Designee

**Administrator:** Bernice Hinds

**Name of Facility:** Better Life Residential Care

**Facility Address:** 4444 Lincoln Blvd.  
Dearborn Hts., MI 48125

**Facility Telephone #:** (313) 561-4600

**Original Issuance Date:** 10/12/2007

**Capacity:** 3

**Program Type:** MENTALLY ILL

**Certified Programs:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 00

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Medication administered prior to my arrival.
- 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.  
Breakfast served prior to my arrival.
- 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:  
05/2020: 208(1)(f), 205(3), 205(6), 207(2), and 803(6) 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.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Ms. Fuller's last TB test result on file is dated 1/22/21. Mrs. Aroh's last TB test result on file is dated 2/8/21. Therefore, the licensee failed to obtain TB test results for all direct care workers at least every 3 years.

**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.**

Direct care workers, LaKila Fuller and Rita Aroh do not have annual health review statements completed in 2023.

This is a **REPEAT VIOLATION**; See 2020 Renewal LSR.

A corrective action plan was requested and approved on 05/07/2024. 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 and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



05/20/24

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Kara Robinson  
Licensing Consultant

Date