



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 7, 2024

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

RE: License #: AS630012572  
**Westbury**  
**7246 Westbury Blvd**  
**West Bloomfield, MI 48322**

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 (248) 975-5053.

Sincerely,

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with a large loop at the beginning of the first name.

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**

**License #:** AS630012572

**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:** Westbury

**Facility Address:** 7246 Westbury Blvd  
West Bloomfield, MI 48322

**Facility Telephone #:** (734) 744-7334

**Original Issuance Date:** 04/26/1988

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/07/2024

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

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.
- 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.  
An attempt was made but the thermometer was not working.
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR CAP Approved 12/15/22; 803(5), 301(9), 301(4), 507(5)
- LSR CAP Approved 01/13/21; 312(4)(b)(v), 315(3), 301(4), 301(10), 318(5)
- 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.**

**(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.**

A physician's knowledge of the physical health of the licensee designee Jason Schmidt was not confirmed as Mr. Schmidt did not have the BCAL medical clearance form completed for his 2023 physical.

**R 400.14301**                    **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/13/21**

Resident A's 2022 and 2023 physical was not completed on the required department health care appraisal form.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/13/21**

During the onsite, I observed that all of Resident A's morning medications for 11/07/24 was not initialed by staff on the MAR. Resident B's Risperidone 2mg was missing a staff initial on 11/06/24 at 8:00pm.

**R 400.14316 Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(vi) Name, address, and telephone number of the preferred physician and hospital.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

The resident identification form for Resident A and Resident B did not include any burial provisions, or any hospital information. Resident A's religious preference was not documented.

**R 400.14316      Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(b) Date of admission.

Resident A's date of admission was not documented on his resident identification form. The date of admission documented on the resident identification form for Resident B did not match the date documented on the resident register.

**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.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/13/21**

The fire drills conducted in 2022 during the first and second quarter did not include a fire drill in the evening hours.

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Resident J's bedroom door has a significant hole at the bottom. The handle to Resident J's bedroom door is loose and needs to be tightened. The bedroom closet located in Resident Q and Resident L's bedroom needs repair as it does not properly open or close. The bedroom door in Resident Q and Resident L's bedroom does not shut.

**R 400.14407 Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The bathroom located in Resident C and Resident J bedroom does not have non-locking against egress hardware.

**R 400.14507 Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 12/15/22**

The second door of egress does not have non-locking against egress hardware.

**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.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/13/21**

The fire drills conducted in 2022 during the first and second quarter did not include a fire drill in the evening hours.

#### IV. RECOMMENDATION

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

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is written in a cursive style with a large, looping initial 'S'.

Sheena Worthy  
Licensing Consultant

11/07/24  
Date