



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2025

Stormey Jackson
Springwell Adult Services, PLLC
23469 West Ranch Hill
Southfield, MI 48033

RE: License #: AS630396498
Paulette's Assisted Living
23469 W Ranch Hill
Southfield, MI 48033

Dear Ms. Jackson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#:	AS630396498
Licensee Name:	Springwell Adult Services, PLLC
Licensee Address:	23469 West Ranch Hill Southfield, MI 48033
Licensee Telephone #:	(248) 252-7050
Licensee/Licensee Designee:	Stormey Jackson
Administrator:	Melonie Barnes
Name of Facility:	Paulette's Assisted Living
Facility Address:	23469 W Ranch Hill Southfield, MI 48033
Facility Telephone #:	(248) 252-7050
Original Issuance Date:	04/28/2022
Capacity:	5
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/25

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
There are no residents residing in the AFC group home.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
I observed a MAR for Resident A who spent two nights in the AFC group home.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. The resident Funds Part II indicated that Resident A was not charged for the two nights he spent in the home.
- Meal preparation / service observed? Yes No If no, explain.
There are no residents residing in the AFC group home.
- Fire drills reviewed? Yes No If no, explain.
The fire drills indicate that there were no residents residing in the AFC group home.
- 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.
There are no residents residing in the AFC group home.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
LSR CAP Approved 03/29/23; 316(1)(b), 315(3), 301(10)
- LSR CAP Approved 10/27/22; 713(3) 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:

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(a) The financial stability of the facility.

(b) The applicant's compliance with this act and rules promulgated under this act.

(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.

(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.

(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

On 02/07/25, I made a telephone call to the licensee designee Stormey Jackson. Ms. Jackson informed me that she does not have any residents in her AFC group home. Ms. Jackson confirmed that she has not been providing AFC services for any resident for the past two years. On 03/27/25, I emailed Ms. Jackson stating that I would like to complete an onsite on 04/02/25. On 04/02/25, I completed an announced onsite and; found there were no residents residing in the AFC group home. Ms. Jackson stated she admitted "Resident A" on 03/28/25 for two nights as Resident A was discharged on 03/31/25.

Ms. Jackson was issued a provisional license on 10/27/22 for not having any residents admitted into her AFC group home. Throughout the provisional timeframe, Ms. Jackson failed to admit any residents into the home. An onsite was scheduled on 03/29/23 and it was discovered that Ms. Jackson admitted one resident the day before. Following the issuance of a regular license, the resident was discharged shortly after. Ms. Jackson has consistently failed to meet the requirement of Act No. 218 of the Public Acts of 1979, as she has never had a resident residing in her AFC group home for two or more consecutive weeks for compensation.

REPEAT VIOLATION ESTABLISHED
LSR dated 03/29/23; CAP approved 03/29/23

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:
(b) A description of services to be provided and the fee for the service.

During the onsite, I reviewed Resident A's file who was admitted from 03/28/25 to 03/31/25. According to the resident care agreement, Resident A was not being charged a fee for the services rendered as Ms. Jackson wrote "0.00" near the fee description. Furthermore, Ms. Jackson explained to me that Resident A has already paid enough given that he was a Veteran and she did not want to charge him. Therefore, Resident A cannot be considered an AFC resident as the home was not compensated for any services rendered per Act No. 218 of the Public Acts of 1979.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite, I reviewed the assessment plan for Resident A who was admitted from 03/28/25 to 03/31/25. According to the assessment plan, Resident A was prescribed a walker and a cane. A written authorization was not obtained and/or reviewed for the assistive devices.

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:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Resident A who was admitted from 03/28/25 to 03/31/25 was prescribed medications. I observed the MAR and found that Resident A was prescribed Oxycodone 10 mg every six hours as needed. Resident A was administered this medication on 03/28/25 at 3:00pm, 03/28/25 at 9:00pm, 03/29/25 at 6:00pm, and 03/30/25 at 3:00pm. There was no record for the reason for each administration of this medication.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was observed to be 124 degrees Fahrenheit.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

The smoke alarm observed in the second sleeping area was observed not working. It appeared as if the smoke alarm may have needed new batteries.

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.

The screen door in front of the main door for egress was observed to not have non-locking against egress hardware. The second means of egress was observed to not have non-locking against egress hardware. Ms. Jackson admitted to changing the locks since her last inspection.

R400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite, I observed the funds part I and funds part II forms for Resident A who was admitted from 03/28/25 to 03/31/25. According to section B for funds part I, an individual was not documented in the space where it asked for the identification of the person responsible for managing the resident's account. Instead "N/A" was written in the space provided.

On the funds part II form, a fee was not documented for services. The funds part II form indicated that the monthly fee was waived.

**REPEAT VIOLATION ESTABLISHED
LSR dated 03/29/2023; CAP approved 03/29/23**

On 04/02/25, an exit conference was completed during the onsite. Ms. Jackson was informed of my recommendation to refuse to renew her AFC license.

IV. RECOMMENDATION

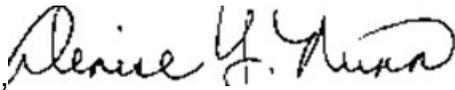
I recommend refusal to renew the license.



Sheena Worthy
Licensing Consultant

04/02/25
Date

Approved by:



Denise Y. Nunn
Area Manager

04/09/2025
Date