



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2025

Shauntel Dye
A Servant's Heart Assistant Living LLC
8536 Ward
Detroit, MI 48228

RE: License #: AS820412467
A Servants Heart #1
8536 Ward
Detroit, MI 48228

Dear Mrs. Dye:

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.

A six-month provisional license is recommended. **If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled.** Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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". The signature is written in a cursive, flowing style.

K. Robinson, MSW, 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 #:	AS820412467
Licensee Name:	A Servant's Heart Assistant Living LLC
Licensee Address:	3925 Spruce Inkster, MI 48141
Licensee Telephone #:	(248) 499-3151
Licensee/Licensee Designee:	Shauntel Dye
Administrator:	Shauntel Dye
Name of Facility:	A Servants Heart #1
Facility Address:	8536 Ward Detroit, MI 48228
Facility Telephone #:	(313) 659-6682
Original Issuance Date:	10/11/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 03

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Licensee designee

- 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.
- Incident report follow-up? Yes ☐ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
2023: 301(10), 310(3), 312(4)(b), 208(1)(f), 207(2), 403(1), 401(7), and 403(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 330.1803 Facility environment; fire safety.

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
(a) Improve the score to at least the "slow" category.**

No E-scores available for department review on the day of inspection.

Mrs. Dye reported that a former resident destroyed all evacuation assessments before today's inspection.

R 400.14204 Direct care staff; qualifications and training.

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
(d) Personal care, supervision, and protection.**

Direct care staff, Anthony Paul and Marquell Wilder have no verification of personal care, supervision, and protection training.

Mrs. Dye indicated that she is uncertain if both workers completed this training module.

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.

Mrs. Dye failed to complete annual health review statements for direct care staff, Anthony Paul and Marquell Wilder. Both staff were hired December 2023.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Mrs. Dye did not obtain verification of receipt of personnel policies and procedures for direct care staffs, Anthony and Marquell.

This is a **REPEAT VIOLATION**; See Confirming Letter dated 2/17/23 and Renewal LSR dated 5/1/23. Mrs. Dye submitted approved corrective action plans on 3/6/23 and 5/5/23 with action steps to achieve compliance, but to date, the plans have not been successfully implemented.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.

Mrs. Dye did not complete reference checks for staffs Anthony and Marquell.

This is a **REPEAT VIOLATION**; See Confirming Letter dated 2/17/23 and Renewal LSR dated 5/1/23. Mrs. Dye submitted approved corrective action plans on 3/6/23 and 5/5/23 with action steps to achieve compliance, but to date, the plans have not been successfully implemented.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A has no records, including an AFC Assessment Plan. Mrs. Dye reported a former resident destroyed the records during a behavior episode.

Mrs. Dye did not complete Resident B's annual assessment plan in 2024. She said she wasn't aware that AFC Assessment Plans are required annually.

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:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident A has no records, including a Resident Care Agreement (RCA). Mrs. Dye reported a former resident destroyed the records during a behavior episode.

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:

(a) Be trained in the proper handling and administration of medication.

Direct care staff, Anthony Paul and Marquell Wilder have no verification of training in Medication Administration.

Mrs. Dye confirmed that both staff do administer resident medication.

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:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

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

(vi) A resident's refusal to accept prescribed medication or procedures.

Observed Medication Administration Records (MARs) that do not contain the signature of the person(s) administering resident medication. The medication errors reviewed occurred in May, June, October, November, and December 2024.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/1/23. Mrs. Dye submitted AN approved corrective action plan 5/5/23 with action steps to achieve compliance, but to date, the plan has not been successfully implemented.

R 400.14315 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.

Resident A has no records on file, including Resident Funds forms. Mrs. Dye reported a former resident destroyed the records during a behavior episode.

This is a **REPEAT VIOLATION**; See Confirming Letter dated 2/17/23. Mrs. Dye submitted an approved corrective action plan on 3/6/23 with action steps to achieve compliance, but to date, the plan has not been successfully implemented.

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:

- (i) Name.
- (ii) Social security number, date of birth, case number, and marital status.
- (iii) Former address.
- (iv) Name, address, and telephone number of the next of kin or the designated representative.
- (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.

- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.
- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
 - (iv) A record of physician contacts.
 - (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Resident A has no records on file, including a Resident ID sheet. Mrs. Dye reported a former resident destroyed the records during a behavior episode.

Resident B's ID sheet is incomplete; there's no Placing Agency, physician info, preferred hospital, religious preference, insurance info, or burial provisions.

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.

There are no record of fire drills completed since 4/15/23.

This is a **REPEAT VIOLATION**; See Confirming Letter dated 2/17/23. Mrs. Dye submitted an approved corrective action plan on 3/6/23 with action steps to achieve compliance, but to date, the plan has not been successfully implemented.

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.

On the day of inspection, the hot water temperature tested at 144 degrees Fahrenheit.

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.

Observed the following deficiencies with the physical plant:

- Torn blinds in bedrooms 1, 2, and 3.
- Broken dresser with severely damaged doors in bedroom #1.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/1/23. Mrs. Dye submitted AN approved corrective action plan 5/5/23 with action steps to achieve compliance, but to date, the plan has not been successfully implemented.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Observed the door on bedroom #1 has been removed.

Observed bedroom door #2 does not close to form a positive latch; the knob is loose.

R 400.14410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

Observed the bed in bedroom #1 has no foundation. Mrs. Dye reported Resident A destroyed the foundation and the replacements she purchased.

Observed 1 of 2 beds in bedroom #2 has a bent bed frame.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter.

Resident A has no records on file, including weight records. Mrs. Dye reported a former resident destroyed the records during a behavior episode.

Resident B has missing weight records for the following months: 01/24, 02/24, 04/24, 05/24, 07/24, 08/24, 09/24, 11/24, 12/24, 01/25, 02/25, and 03/25. No explanation provided for the missing weights.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident B has no 2024 Resident Care Agreement.

Mrs. Dye explained she did not complete the form because the guardian hasn't been to the home or responsive to her calls. She also said she didn't know she could complete the form without the guardian's input. I advised Mrs. Dye to mail a copy of the completed form to the guardian for signature and possible updates upon completion to satisfy the rule requirements.

R 400.14410 Bedroom furnishings.

**Rule 410. (1) The bedroom furnishings in each bedroom shall include all of the following:
(d) At least 1 chair.**

Observed bedroom #3 without a chair.

On 4/2/25, I completed an exit conference with licensee designee, Shauntel Dye. Mrs. Dye reported a former resident destroyed a lot of the paperwork last year when he was having a behavior. Therefore, many of the documents requested on the day of inspection are missing. Mrs. Dye also indicated that she is still learning the rule requirements as a newer licensee. Mrs. Dye assures the department that she is committed to achieving compliance with the rule requirements.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended based on the willful and substantial nature of the violations with special emphasis on the repeat violations.



04/09/25

K. Robinson
Licensing Consultant

Date

Approved by:



04/10/25

A. Hunter
Area Manager

Date