

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 25, 2025

Brittany McAfee Aspen Assisted Living LLC 32408 W Seven Mile Rd Livonia, MI 48152

RE: License #: AL820398863

Aspen Assisted Living LLC 32408 Seven Mile Rd Livonia, MI 48152

#### Dear Brittany McAfee:

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 (313) 456-0439.

Sincerely,

(313) 300-9922

Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

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

#### I. IDENTIFYING INFORMATION

**License #:** AL820398863

Licensee Name: Aspen Assisted Living LLC

**Licensee Address:** 32408 W Seven Mile Rd

Livonia, MI 48152

**Licensee Telephone #:** (248) 790-5237

**Licensee/Licensee Designee:** Brittany McAfee

**Administrator:** Carmin Harris

Name of Facility: Aspen Assisted Living LLC

Facility Address: 32408 Seven Mile Rd

Livonia, MI 48152

**Facility Telephone #:** (248) 987-4460

Original Issuance Date: 03/08/2021

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGED

**ALZHEIMERS** 

### II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/20/2	2025
Date	e of Bureau of Fire Services Inspection if appl	icable:	05/28/2025
Date	e of Health Authority Inspection if applicable:		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: licensee	designe	4 8 ee
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No ⊡ If no, explain
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	plain.	
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	3,	
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expl	ain.
•	Corrective action plan compliance verified? CAP Dated 8/31/2023 R400.15204 (3), R400 R400.15301 (10), R400.15318 (5) N/A Number of excluded employees followed-up?	.15205	
•	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 400.15301

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.

At the time of inspection, Resident A's annual 2023 and 2024 resident care agreement was not signed by resident or the resident's designated representative.

#### R 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection Resident D's weight was not recorded at the time of admission.

#### R 400.15312 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.

At the time of inspection, Residents A, B, C and D medication log did not contain initials of the person who administers the medication.

#### Resident A

Quetiapine TAB 25mg, take 1 tablet by mouth at 2:00 p.m. for a total dose of 75mg; was not initialed on 8/17/2025 at 2:00 p.m.

Quetiapine TAB 50mg, take 1 tablet by mouth three times daily; was not initialed on 8/17/2025 at 2:00 p.m.

#### Resident B

Aspirin TAB 325mg EC, take 1 tablet by mouth once daily, was not initialed on 5/01/2025, 05/02/2025 at 8:00 a.m. No explanation provided.

Atorvastatin TAB 20mg, take 1 tablet by mouth daily at bedtime; was not initialed on 5/01/2025, 5/05/2025, 6/13/2025, 7/21/2025, 7/22/2025, 8/5/2025 at 8:00 p.m. No explanation provided.

Donepezil TAB 10mg, take 1 tablet by mouth daily at bedtime; was not initialed on 5/01/2025, 5/05/2025, 8/05/2025 at 8:00 p.m. No explanation provided.

Duloxetine CAP 20mg, take 1 capsule by mouth once daily; was not initialed on 5/01/2025, 05/02/2025, 7/02/2025 at 8:00 a.m. No explanation provided.

Losartan POT TAB 100mg, take tablet by mouth once daily; was not initialed on 5/01/2025, 05/02/2025 at 8:00 a.m. No explanation provided.

Metoprol TAR TAB 25mg, take 1 tablet by mouth twice daily; was not initialed on 5/01/2025, 05/02/2025 at 8:00 a.m. or on 5/01/2025, 05/05/2025, 6/13/2025, 7/21/2025, 7/22/2025, 8/05/2025 at 8:00 p.m. No explanation provided.

#### Resident C

Docusate 100mg Cap, take 1 capsule by mouth twice daily "hold for loose stools;" was not initialed on 5/5/2025 at 8:00 p.m. No explanation provided.

Quetiapine TAB 25mg, take 1 tablet by mouth twice daily; was not initialed on 5/05/2025 at 8:00 p.m. No explanation provided.

#### Resident D

Mirtazapine TAB 30mg, take 1 tablet by mouth daily at bedtime to increase appetite; was not initialed on 7/21/2025, 7/22/2025, 8/05/2025 at 8:00 p.m. No explanation provided.

R 400.15318 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.

At the time of inspection emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter.

An evening drill was not completed in the third quarter during evening or sleep hours in 2023.

An evening drill was not completed in the fourth quarter during evening or sleep hours in 2023.

A day drill was not completed in the second quarter during daytime hours in 2024.

Licensee designee, Brittany McAfee stated that the drills are completed during shifts not necessarily during daytime, evening, and sleeping hours. I explained that the drills can be conducted during shifts as long as the timing meets the intent of the rule during daytime, evening, and sleeping hours.

\*REPEAT VIOLATION\* LSR DATED 08/22/2023 CAP DATED 08/31/2023.

#### IV. RECOMMENDATION

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

Denasha Walker Date Licensing Consultant