



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 14, 2025

Gavin Aikens  
Neulife Rehabilitation of Michigan, Inc.  
Suite 102  
36975 Utica Road  
Clinton Township, MI 48036

RE: License #: AS500411265  
**NLRM Toddmark Ln. 1**  
**42192 Toddmark Lane**  
**Clinton Township, MI 48038**

Dear Mr. Aikens:

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 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) 972-9136.

Sincerely,

A handwritten signature in blue ink, appearing to be 'EJ'.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd.  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500411265
<b>Licensee Name:</b>	Neulife Rehabilitation of Michigan, Inc.
<b>Licensee Address:</b>	Suite 102 36975 Utica Road Clinton Township, MI 48036
<b>Licensee Telephone #:</b>	(586) 300-6338
<b>Licensee/Licensee Designee:</b>	Gavin Aikens
<b>Administrator:</b>	Gavin Aikens
<b>Name of Facility:</b>	NLRM Toddmark Ln. 1
<b>Facility Address:</b>	42192 Toddmark Lane Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 267-5284
<b>Original Issuance Date:</b>	06/29/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2025

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 5

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role:

- 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.  
None needed
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
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:

<b>R 400.14105</b>	<b>Licensed capacity.</b>
	<b>(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.</b>

During the onsite inspection on 09/30/25, I observed several resident apartments (#22 & #25) with an extra bed in the spare bedroom.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>

During the onsite inspection on 09/30/25, I observed Resident A's medication MAPAP 500mg and Resident B's Antacid 500mg, and Baclofen Tab 5mg missing.

#### IV. RECOMMENDATION

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



10/14/25

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Eric Johnson  
Licensing Consultant

Date