



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 21, 2025

Shahita Garrett
New Beginning Assisted Living, LLC
722 Gladstone
Detroit, MI 48202

RE: License #: AS820283655
Chandler Residence Assisted Living
509 Chandler
Detroit, MI 48202

Dear Ms. Garrett:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.
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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820283655

Licensee Name: New Beginning Assisted Living, LLC

Licensee Address: 722 Gladstone
Detroit, MI 48202

Licensee Telephone #: (313) 204-2455

Licensee/Licensee Designee: Shahita Garrett

Administrator: Shahita Garrett

Name of Facility: Chandler Residence Assisted Living

Facility Address: 509 Chandler
Detroit, MI 48202

Facility Telephone #: (313) 870-9801

Original Issuance Date: 10/03/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/21/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Full paperwork inspection
- 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.
Inspection was not completed during meal times.
- 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:
306 (3), 312 (4b), 316 (1), 401 (2), 403 (1), 407 (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:

R 400.627 Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

At the time of inspection, A licensee and administrator did not complete 16 hours of training and/or 6 credit hours at an accredited college or university annually in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

R 400.645 Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.

At the time of inspection, I observed the hot water temperature for a resident's use to be 140 degrees Fahrenheit at the fixture.

R 400.647 Safety and maintenance of premises.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

At the time of inspection, I observed a missing partial gutter and two detached downspouts from the roof.

R 400.663 Nutrition; adoption by reference.

(7) A licensee shall keep records of menus, including special diets, for 90 days.

At the time of inspection, licensee did not keep records of menus, including special diets, for 90 days.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of inspection, I observed Resident B's room to have a portable toilet without a written authorization by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

2nd REPEAT VIOLATION LSR 11/08/23 AND CAP 11/20/2023

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

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

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

At the time of inspection, Resident A's medication administration record showed prescribed medication of Pantoprazole 40 mg, Quetiapine 400mg, Divalproex 500mg, and Prazosin 1mg was not initial by staff on 09/30/2025.

2nd REPEAT VIOLATION LSR 11/08/23 AND CAP 11/20/2023

A corrective action plan was requested and approved on 11/21/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



11/21/2025

Shatonla Daniel
Licensing Consultant

Date