GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2026
Jason Schmidt
New Life Services Inc
36022 Five Mile Road
Livonia, MI 48154

RE: License #: AS630252458
Dunham Group Home
3241 Dunham
Highland, MI 48357

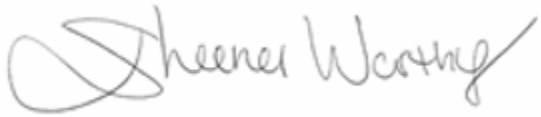
Dear Mr. Schmidt:

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:

- You are to submit documentation of compliance.

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.

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,



Sheena Worthy, Licensing Consultant
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
CADILLAC PLACE
3044 WEST GRAND BLVD
2ND FLOOR, ANNEX, SUITE 2-730
DETROIT, MI 48202
PHONE: 248-310-5388
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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License#:	AS630252458
Licensee Name:	New Life Services Inc
Licensee Address:	36022 Five Mile Road Livonia, MI 48154
Licensee Telephone #:	(734) 744-7334
Licensee/Licensee Designee:	Jason Schmidt
Administrator:	Jason Schmidt
Name of Facility:	Dunham Group Home
Facility Address:	3241 Dunham Highland, MI 48357
Facility Telephone #:	(734) 744-7334
Original Issuance Date:	10/31/2003
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/22/2026

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

Date of Environmental/Health Inspection if applicable: 7/13/26

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 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.
  It was not meal time during the onsite.
- 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.
  N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
  LSR CAP Approved 08/13/24; 675, 731, 647
- SIR CAP Approved 08/26/24; 633, 685 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 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

In 2025, the fire drills for January and February were missing. In 2024, the first quarter and third quarter had a fire drill that did not indicate whether or not the fire drill was completed in the AM or PM.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

The first bathroom door is missing non-locking, against-egress hardware.

R 400.675 Bedrooms.

(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

Resident B had Clotrimazole cream in her medication box that expired in June 2018; Mupirocin that expired in November 2017; and ear drops that expired in December 2017.

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

Resident A's MAR for July did not include staff initials for most of her morning medications administered on 07/22/26.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/13/24

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

Resident B is prescribed Betamethasone Valerate lotion as a PRN. The staff administered this medication everyday in July without recording the reason for the administration.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/13/24

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

Resident A was admitted on 12/20/25 however; her initial physical was completed on 05/29/25.

A corrective action plan was requested and approved on 07/22/2026. 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.

07/23/26

Sheena Worthy
Licensing Consultant

Date