



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 12, 2020

Gabriel Aroh  
Better Life Residential Care Inc  
4444 Lincoln Blvd  
Dearborn Heights, MI 48215

RE: License #: AS820291750  
**Better Life Residential Care**  
**4444 Lincoln Blvd.**  
**Dearborn Hts., MI 48125**

Dear Mr. Aroh:

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) 456-0380.

Sincerely,



K. Robinson, LMSW, 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 #:** AS820291750

**Licensee Name:** Better Life Residential Care Inc

**Licensee Address:** 4444 Lincoln Blvd  
Dearborn Heights, MI 48215

**Licensee Telephone #:** (734) 560-6766

**Licensee/Licensee Designee:** Gabriel Aroh, Designee

**Administrator:**

**Name of Facility:** Better Life Residential Care

**Facility Address:** 4444 Lincoln Blvd.  
Dearborn Hts., MI 48125

**Facility Telephone #:** (313) 561-4600

**Original Issuance Date:** 10/12/2007

**Capacity:** 3

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 00  
No. of residents interviewed and/or observed 02  
No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Completed virtual inspection via Facetime due to COVID-19 pandemic
- 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.  
Residents ate lunch prior to video call
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
Virtual inspection and worksheet review
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
Virtual inspection
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP 5/16/18: 511(1) 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 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Licensee failed to verify E-scores completed annually in 2019.

**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.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff,**

**other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care worker, Maideline Davidson was hired on 2/19/20; she does not have a physician statement on file that attests to her physical health within 30 days of hire.

**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.

The licensee did not annually review DCW Jennice Law's physical health in 2019.

**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.

New worker, M. Davidson does not have verification of receipt of personnel policies and procedures in her employee record.

**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.

The licensee failed to obtain reference checks for M. Davidson who was newly hired. According to Mr. Aroh, Better Life home is the worker's first job. I advised the licensee to obtain personal reference under these circumstances.

**R 400.14313 Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Substitute meals not documented. Observed today's menu listed grilled cheese sandwiches, salad or fruit, and iced tea or water for lunch. However, the residents and licensee reported they had turkey sandwiches, apples, crackers, and milk for lunch instead. Observed separate Substitution Menu is blank; no documentation to record today's meal change.

#### IV. RECOMMENDATION

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



05/12/20

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Kara Robinson  
Licensing Consultant

Date