



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2021

Sarah Thomas  
New Heights Assisted Living, LLC  
9402 Michigamme Road  
Clarkston, MI 48348

RE: License #: AS630383028  
New Heights Assisted Living  
9402 Michigamme Road  
Clarkston, MI 48348

Dear Ms. Thomas:

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 or
- You are to submit a Statement of Correction.

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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630383028
<b>Licensee Name:</b>	New Heights Assisted Living, LLC
<b>Licensee Address:</b>	9402 Michigamme Road Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(248) 660-7014
<b>Licensee Designee:</b>	Sarah Thomas
<b>Name of Facility:</b>	New Heights Assisted Living
<b>Facility Address:</b>	9402 Michigamme Road Clarkston, MI 48348
<b>Facility Telephone #:</b>	(248) 660-7014
<b>Original Issuance Date:</b>	02/21/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/23/2021

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

Date of Health Authority Inspection if applicable: 04/26/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Lic. Desig.

- 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.
- 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 400.14316</b>	<b>Resident records.</b>
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (d) Health care information, including all of the following: (i) Health care appraisals.

During the onsite inspection, Resident M’s file did not contain the health care appraisal form from the time of her admission to the home.

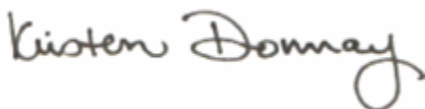
<b>R 400.14316</b>	<b>Resident records.</b>
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (g) Weight record.

During the onsite inspection, Resident L’s file did not contain a weight record from October 2019-July 2020.

A corrective action plan was requested and approved on 08/23/2021. 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.



08/23/2021

Kristen Donnay  
Licensing Consultant

Date