



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 31, 2021

Pamala Schmitt  
Aspen Assisted Living LLC  
32408 W Seven Mile Rd  
Livonia, MI 48152

RE: License #: AL820403228  
**Aspen Assisted Living**  
**32406 Seven Mile Rd**  
**Livonia, MI 48152**

Dear Ms. Schmitt:

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. A six-month provisional license is recommended.

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,

A handwritten signature in cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL820403228
<b>Licensee Name:</b>	Aspen Assisted Living LLC
<b>Licensee Address:</b>	32408 W Seven Mile Rd Livonia, MI 48152
<b>Licensee Telephone #:</b>	(248) 987-4460
<b>Licensee/Licensee Designee:</b>	Pamala Schmitt
<b>Administrator:</b>	Pamala Schmitt
<b>Name of Facility:</b>	Aspen Assisted Living
<b>Facility Address:</b>	32406 Seven Mile Rd Livonia, MI 48152
<b>Facility Telephone #:</b>	(248) 987-4460
<b>Original Issuance Date:</b>	03/08/2021
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 06/08/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents
- Fire drills reviewed? Yes  No  If no, explain.  
No residents
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No residents
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
No residents
- Incident report follow-up? Yes  No  If no, explain.  
None
- 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:

**MCL 400.713** License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

**(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:**

**(b) The applicant's compliance with this act and rules promulgated under this act.**

No residents has been admitted to the facility since the issuance of the temporary license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. A provisional license is recommended.



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Regina Buchanan  
Licensing Consultant

08/31/2021  
Date

Approved by:



Denise Y. Nunn  
Area Manager

08/31/2021  
Date