



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2022

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

RE: License #: AS820014616  
Investigation #: 2022A0122031  
Kirkland Drive

Dear Mr. Schmidt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,



Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820014616
<b>Investigation #:</b>	2022A0122031
<b>Complaint Receipt Date:</b>	06/17/2022
<b>Investigation Initiation Date:</b>	06/17/2022
<b>Report Due Date:</b>	08/16/2022
<b>Licensee Name:</b>	New Life Services Inc
<b>Licensee Address:</b>	36022 Five Mile Road Livonia, MI 48154
<b>Licensee Telephone #:</b>	(734) 744-7334
<b>Administrator:</b>	Jason Schmidt
<b>Licensee Designee:</b>	Jason Schmidt
<b>Name of Facility:</b>	Kirkland Drive
<b>Facility Address:</b>	433 Buckingham Canton, MI 48188
<b>Facility Telephone #:</b>	(734) 744-7334
<b>Original Issuance Date:</b>	01/11/1994
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/08/2021
<b>Expiration Date:</b>	03/07/2023
<b>Capacity:</b>	5

<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
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## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A has a broken femur due to unknown trauma.	Yes

## III. METHODOLOGY

06/17/2022	Special Investigation Intake 2022A0122031 APS Referral
06/17/2022	Special Investigation Initiated - Telephone Completed interviews with Monique Houston and DeJuan Clash.
06/21/2022	Contact – Telephone call received APS Worker
06/21/2022	On-site Inspection Reviewed Resident A's file – received information Completed interviews with Marguerite Way, Area Supervisor and DeJuan Clash.
06/21/2022	Contact – Telephone Call made Faith Connections, Inc. – Guardian Agency Johnna Postic – Guardian Representative Detroit Wayne Integrated Health Network – ORR Referral
06/21/2022	Contact – Telephone Call made Completed interviews with direct care staff Linda Coffee, Christina Williams, Tanita Dowd, and Sherry Williams. Email sent to Guardian requesting additional medical information.
06/29/2022	Contact – Document sent Email sent to Guardian requesting additional medical information.
07/12/2022	Exit Conference Discussed findings with Jason Schmidt, Licensee Designee.

**ALLEGATION: Resident A has a broken femur due to unknown trauma.**

**INVESTIGATION:** On 06/17/2022, I reviewed an incident report documenting that Resident A was taken to the University of Michigan (U of M) Emergency Department in Ann Arbor, MI on 06/16/2022 due to exhibiting behaviors of pain. The medical personnel diagnosed Resident A with a fracture of the upper tibia and lower femur caused by an unknown trauma.

On 06/17/2022, I completed an interview with direct care staff, Monique Houston and DeJuan Clash, Home Manager. Ms. Houston reported the following: On 06/16/2022 as she was performing routine patient care she observed Resident A displaying “signs of pain and resistant to rolling over on her side and I noticed her knee was swollen.”

Ms. Houston reported her observations to Mr. Clash. Resident A was prepared to receive medical treatment and Mr. Clash transported her to the hospital, the University of Michigan Emergency Department in Ann Arbor, MI. Mr. Clash stated after Resident A was assessed she was diagnosed as having a fracture of the upper tibia and lower femur. Mr. Clash stated he received no reports from staff members that Resident A had suffered from an accident and, therefore, how she obtained the fracture is unknown.

On 06/17/2022, I completed an interview with Anna Brissette, U of M Social Worker. Ms. Brissette confirmed what was reported by Ms. Houston and Mr. Clash. She confirmed Resident A’s diagnosis and how she suffered the injury is unknown at this time. Ms. Brissette stated that Resident A will receive assessments from the departments of physical and occupational therapy to determine a treatment plan.

On 06/21/2022, I completed interviews with Marguerite Way, Area Supervisor, and DeJuan Clash, Home Manager. Ms. Way reported that Resident A was admitted to the facility on 06/07/2016 and she came from a rehabilitation center. Resident A had fallen, received injury, and once healed was admitted to Kirkland Drive adult foster care group home. Ms. Way stated Resident A has not had any falls or injury since her admission. Both Ms. Way and Mr. Clash stated they have not received reports from other staff members indicating accident or injury to Resident A prior to 06/16/2022 when she was admitted to the hospital.

On 06/21/2022, I completed an interview with Guardian A. Guardian reported that she had been informed of Resident A’s admission to the hospital and reason for receiving medical treatment. Guardian A stated she has worked with the direct care staff of Kirkland Drive adult foster care group home for 15 years and she does not have any concerns regarding the care Resident A has received thus far.

On 06/21/2022, I reviewed Resident A's file. Her Residential Assessment Plan dated 01/03/2022 states the following: Resident A "is 66 year old with a diagnosis of autistic disorder, profound intellectual disabilities...she is wheelchair dependent for all ambulation and dependent on staff for all ADLs" (activities for daily living).

Resident A's Health Care Appraisal dated 09/20/2021 documents an annual physical was completed with the above diagnoses given. It also states that Resident A is nonverbal but responds to commands. Due to this issue Resident A is unable to be interviewed.

Upon review of staff schedule for Kirkland Schedule for the week of 06/12/2022 – 06/18//2022. It documents the following direct care workers were on the schedule and provided care for Resident A, Linda Coffee, Christina Williams, Tanita Dowd, and Sherry Williams. On 06/21/2022, I completed interviews with them. All confirmed that they provided care to Resident A on 06/14/2022 and 06/15/2022. All stated they assisted Resident A with her activities of daily living, medication administration, meals, etc. and all stated she appeared normal. They all stated she was not injured while they were assisting her, nor did they observe any other staff member injure her. They all reported nothing unusual happened with Resident A, she did not fall nor was she dropped when assisting her from transferring to bed to wheelchair.

On 07//2022, I completed an exit conference with Jason Schmidt, Licensee Designee. Mr. Schmidt stated he understood my findings and would submit a corrective action plan to address rule violation found.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>

<p><b>ANALYSIS:</b></p>	<p>06/16/2022, due to exhibiting behaviors of pain, Resident A received a medical assessment from personnel of the University of Michigan Emergency Room Department in Ann Arbor, MI and was diagnosed with a fracture of the upper tibia and lower femur caused by an unknown trauma.</p> <p>Resident A's Assessment Plan dated 01/03/2022 states the following: Resident A "is 66 year old with a diagnosis of autistic disorder, profound intellectual disabilities...she is wheelchair dependent for all ambulation and dependent on staff for all ADLs" (activities for daily living). Resident A is nonverbal, therefore, she was not interviewed.</p> <p>On 06/21/2022, I completed interviews with Linda Coffee, Christina Williams, and Tanita Dowd, direct care staff members responsible for providing care to Resident A. All stated she was not injured while they were assisting her, nor did they observe any other staff member injure her. They all reported nothing unusual happened with Resident A, she did not fall nor was she dropped when assisting her from transferring to bed to wheelchair.</p> <p>Based upon my investigation, I find that Resident A's protection and safety was not attended to. Resident A received care from direct care staff, Linda Coffee, Christina Williams, and Tanita Dowd and on 06/16/2022 she was diagnosed with a fracture of the upper tibia, and lower femur caused by an unknown trauma. None of the direct care staff can give an explanation for Resident A's injury.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

**IV. RECOMMENDATION**

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.



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Vanita C. Bouldin  
Licensing Consultant

Date: 07/12/2022

Approved By:



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Ardra Hunter  
Area Manager

Date: 07/18/2022