



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 29, 2024

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 Jason Schmidt:

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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd.  
Cadillac Place, 9-100  
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(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630252458
<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/Licensee Designee:</b>	Jason Schmidt
<b>Name of Facility:</b>	Dunham Group Home
<b>Facility Address:</b>	3241 Dunham Highland, MI 48357
<b>Facility Telephone #:</b>	(734) 744-7334
<b>Original Issuance Date:</b>	10/31/2003
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2024

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

Date of Environmental/Health Inspection if applicable: 03/18/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 2 Role: LD/Vice President

- 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.  
Did not occur during inspection
- 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 400.14312</b>	<b>Resident medications.</b>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the on-site inspection on 06/27/2024, I reviewed Resident B's medication logs and found the following errors:

- Lorazepam 2MG TAB: take one tablet by mouth at bedtime was given at 8PM on 07/31/2023, 08/31/2023, 01/01/2024, 01/02/2024, 01/04/2024, 01/05/2024, 01/08/2024, 01/11/2024, 01/13/2024, 01/14/2024, 01/16/2024, 01/18/2024, 01/20/2024, 01/21/2024, 01/25/2024, 01/27/2024 and 02/18/2024 but staff did not initial the medication logs.
- Mirtazapine 15MG TAB: take one tablet by mouth at bedtime was given at 8PM on 08/31/2024 but staff did not initial the medication log.
- Primidone 50MG TAB: take ½ tablet by mouth twice a day was given at 8PM on 05/01/2024, 05/04/2024, 05/05/2024, 05/08/2024, 05/10/2024, 05/11/2024, 05/18/2024, 05/23/2024, 05/25/2024, 05/27/2024, and 05/31/2024 but staff did not initial the medication log.
- Simply thick Easy Mix Gel: Use as directed to thicken liquids to honey consistency was given at 6AM on 01/03/2024, 01/07/2024, 01/10/2024 and 01/15/2024 and at 5PM on 01/02/2024, 01/04/2024, and on 01/16/2024 but staff did not initial the medication log.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>

During the on-site inspection on 06/27/2024, I reviewed Resident A's and Resident B's medication logs and found the following errors:

- Resident A's Tylenol 325MG Take two tables every four hours for pain as needed was given at 6AM on 05/12/2024 and at 8PM on 05/11/2024 but staff did not record the reason for this as needed medication.
- Resident B's Melatonin 5MG TAB: take one tablet by mouth at bedtime as needed was given from 06/01/2024-06/26/2024 but staff did not record the reason for this as needed medication.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the on-site inspection on 06/27/2024, I observed water damage on the basement floor and walls.

<b>R 400.14511</b>	<b>Flame-producing equipment; enclosures.</b>
	(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

During the on-site inspection on 06/27/2024, the door at the top of the basement used for the floor separation was not closing properly.

#### IV. RECOMMENDATION

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

*Frodet Dawisha*

07/29/2024

Frodet Dawisha  
Licensing Consultant

Date