



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 15, 2025

Katie Steckler  
Daily Life Skills Independence Hub LLC  
517 Chatham St  
Lowell, MI 49331

RE: License #: AS640419033  
New Beginnings  
298 Hawley Street  
Hesperia, MI 49421

Dear Katie Steckler:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing

will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (616) 356-0100.

Sincerely,



Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS640419033
<b>Licensee Name:</b>	Daily Life Skills Independence Hub LLC
<b>Licensee Address:</b>	517 Chatham St Lowell, MI 49331
<b>Licensee Telephone #:</b>	(810) 923-8177
<b>Licensee/Licensee Designee:</b>	Katie Steckler
<b>Administrator:</b>	Katie Steckler
<b>Name of Facility:</b>	New Beginnings
<b>Facility Address:</b>	298 Hawley Street Hesperia, MI 49421
<b>Facility Telephone #:</b>	(616) 902-8194
<b>Original Issuance Date:</b>	01/16/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role:

- 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good-faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to complete criminal history checks on three staff members, Felicia Grein-Cook, Carl Grein, and Kendra Streeter. It is noted that these three staff members have all been employed greater than 10 days and have been working as direct care staff in the facility. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on-board working in the home and these items be will rectified right away.

**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 physician's 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.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to obtain a statement, signed by a licensed physician or his or her designee, attesting to the physical health of one direct care staff member, Kendra Streeter, who had been hired, and who had been working in the home, greater than 30 days. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**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.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee had failed to obtain written evidence that 5 staff members had been tested for communicable tuberculosis. All 5 staff, Felicia Grein-Cook, Destiny Leirman, Carl Grein, Kendra Streeter and Chelsea Standley, have been working in the home as direct care staff members. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14207      Required personnel policies.**

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job

description shall be maintained in the individual's personnel record.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to provide verification that one staff member, Kendra Streeter, had received a copy of their written job description. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14210**

**Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee was not maintaining a resident register. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to obtain a written health care appraisal prior to Resident A's admission into the home on June 30, 2025. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

**Finding:** During the course of the on-site license renewal inspection it was noted that the Licensee failed to complete a written assessment plan for Resident B, who was admitted on January 16, 2025. The assessment was completed on May 20, 2025. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
- (b) A description of services to be provided and the fee for the service.
- (c) A description of additional costs in addition to the basic fee that is charged.



- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
- (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
- (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
- (g) An agreement by the resident to follow the house rules that are provided to him or her.
- (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
- (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.
- (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
- (l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to complete a Resident Care Agreement for Resident B, who was admitted into the home on January 16, 2025. A Resident Care Agreement was completed on May 22, 2025. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

#### **R 400.14310**

#### **Resident health care.**

- (3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to record the weights of any facility resident during the months of March, April, and May 2025. Licensee Designee Katie Strickler stated she

had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14313      Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to keep records of menus for various weeks during the past year, since January 2025. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the Licensee failed to record any emergency and evacuation procedure “drills” during the months of February, March, April and May 2025. Licensee Designee Katie Strickler stated she had relied upon her staff/manager to complete these items. She stated she has a new manager and staff now on board working in the home and these items will be rectified right away.

**R 400.14401      Environmental health.**

(4) All garbage and rubbish that contains food waste shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with a tight-fitting lid and shall be removed from the home daily and from the premises at least weekly.

**Finding:** During the course of the on-site license renewal inspection, it was noted that the garbage container located in the facility kitchen did not have a tight-fitting lid. Licensee Designee Katie Steckler stated she was unaware of this and would purchase a new garbage container with lid right away.

**R 400.14402****Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

**Finding:** During the course of the on-site license renewal inspection, it was noted that none of the refrigerators or freezers had thermometers which would indicate that the appliance was maintaining food at temperatures noted by rule. Licensee Designee Katie Steckler stated she was unaware of this and would purchase thermometers right away.

**R 400.14403****Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

**Finding:** During the course of the on-site license renewal inspection, it was noted that a handrail on the right side of the steps leading to the backyard deck was not securely fastened to the decking. Licensee Designee Katie Steckler stated she was unaware of this and would have this issue rectified right away.

On July 11, 2025, I provided Licensee Designee Katie Steckler with an exit conference. I explained the above cited rules and informed her that a corrective action plan is required which addresses each cited rule noncompliance. I also informed her that I would recommend that her license be renewed at a Provisional Status. Ms. Steckler indicated that she understands the citations noted in this report, that she understands a corrective action plan will be required and that she understands that the license will be renewed to a six-month Provisional status.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

 7/14/2025

---

Bruce A. Messer  
Licensing Consultant

Date

Reviewed by:

 7/15/2025

---

Jerry Hendrick  
Area Manager

Date