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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 24, 2025

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

> RE: License #: AS820014616 Investigation #: 2025A0122039 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

License #:	AS820014616
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Investigation #:	2025A0122039
Complaint Receipt Date:	07/17/2025
Investigation Initiation Date:	07/17/2025
	00/40/0005
Report Due Date:	08/16/2025
Licensee Name:	New Life Services Inc
	Trem 2ms derivided into
Licensee Address:	36022 Five Mile Road
	Livonia, MI 48154
Licenses Telembone #	(724) 744 7224
Licensee Telephone #:	(734) 744-7334
Administrator:	Jason Schmidt
7 (4)	
Licensee Designee:	Jason Schmidt
Name of Facility:	Kirkland Drive
Facility Address:	433 Buckingham
domity Address.	Canton, MI 48188
	,
Facility Telephone #:	(734) 397-6939
Original Issuence Date:	04/44/4004
Original Issuance Date:	01/11/1994
License Status:	REGULAR
Effective Date:	03/08/2025
- · · · · - · ·	00/07/0007
Expiration Date:	03/07/2027
Capacity:	5
- aparet :	
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

On 07/15/2025, there was one staff present to provide personal	Yes
care to four high-need residents.	

III. METHODOLOGY

07/17/2025	Special Investigation Intake 2025A0122039
07/17/2025	APS Referral
07/17/2025	Special Investigation Initiated - Telephone Completed interview with supports coordinator, Samakia Patmon.
07/18/2025	Inspection Completed On-site Completed interview with home manager, Kelli Johnson. Reviewed Residents A, B, C, and D's files.
07/21/2025	Contact – Telephone call made Completed interview with staff member, Sherry Williams.
07/21/2025	Exit Conference Discussed findings with licensee designee, Jason Schmidt.

ALLEGATION: On 07/15/2025, there was one staff present to provide personal care to four high-need residents.

INVESTIGATION: On 07/17/2025, 07/18/2025, and 07/21/2025, I conducted separate interviews with supports coordinator, Samakia Patmon, home manager, Kelli Johnson, and staff member, Sherry Williams, all confirmed on 07/15/2025, there was only one staff member, Kelli Johnson, in the facility providing care for four high needs residents, Residents A, B, C, and D, for approximately 2 hours. Ms. Patmon and Ms. Johnson stated that staff member, Sherry Williams, was assigned to work with Ms. Johnson on that day, however, she left the facility prior to Ms. Patmon arriving and did not return when Ms. Patmon left. On 07/21/2025, Ms. Williams reported that she left the facility at approximately 1:15 p.m. and did not return.

On 07/18/2025, I reviewed Residents A, B, C, and D's assessment plans and discovered the following. Resident A is assigned to use a wheelchair and needs assistance with mobility. Resident B is fed using a feeding tube and also requires assistance with walking/mobility. Resident C and D have impaired vision due to blindness. Resident C is blind in one eye and Resident D is "ambulatory, however staff assist him due to blindness." All residents require assistance with toileting, grooming, dressing, and personal hygiene care.

On 07/21/2025, I completed an exit conference with licensee designee, Jason Schmidt, and discussed my findings with him. Mr. Schmidt agreed with findings and stated he would submit a corrective action plan to address the rule violation found.

APPLICABLE RU	APPLICABLE RULE	
R 400.14206	Staffing requirements.	
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.	
ANALYSIS:	Based upon my investigation, which consisted of interviews with supports coordinator, Samakia Patmon, home manager, Kelli Johnson, and staff member, Sherry Williams, and a review of pertinent documentation relevant to this investigation, there is enough evidence to substantiate the allegation that on 07/15/2025, there insufficient staffing to provide the appropriate supervision, personal care, and protection as specified in Residents A, B, C, and D's assessment plan. Therefore, the staffing requirements for the residents were not met.	
CONCLUSION:	VIOLATION ESTABLISHED	

IV. RECOMMENDATION

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

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Vanita C. Bouldi	n

Vanita C. Bouldin Date: 07/21/2025 Licensing Consultant

Approved By:

Ardra Hunter Area Manager Date: 07/24/2025