



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 21, 2025

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

RE: License #: AS630012619
Investigation #: 2025A0612029
Alta Vista

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630012619
Investigation #:	2025A0612029
Complaint Receipt Date:	08/29/2025
Investigation Initiation Date:	09/02/2025
Report Due Date:	10/28/2025
Licensee Name:	New Life Services Inc
LicenseeAddress:	36022 Five Mile Road Livonia, MI 48154
Licensee Telephone #:	(734) 744-7334
Administrator:	Jason Schmidt
Licensee Designee:	Jason Schmidt
Name of Facility:	Alta Vista
Facility Address:	3361 Alta Vista Milford, MI 48380
Facility Telephone #:	(248) 685-8216
Original Issuance Date:	02/21/1990
License Status:	REGULAR
Effective Date:	06/25/2025
Expiration Date:	06/24/2027
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
It is believed that someone is telling Resident A “you can’t eat that” which may have caused or contributed to his significant weight loss.	Yes

III. METHODOLOGY

08/29/2025	Special Investigation Intake 2025A0612029
09/02/2025	APS Referral Referral received from Adult Protective Services (APS). APS denied the referral for investigation.
09/02/2025	Special Investigation Initiated - Letter I made a referral to Oakland Community Health Network - Office of Recipient Rights via email.
09/03/2025	Inspection Completed On-site I conducted an unscheduled onsite investigation. I interviewed direct care staff Jakobe Blount. While onsite I also interviewed New Life Services vice president Cheryl Schmidt and New Life Services area supervisor Lori Mitchel via telephone.
09/04/2025	Contact - Telephone call made Telephone call to Resident A's guardian and home manager Shurlean Blount – Douglas. There was no answer. I left a voicemail requesting a return call.
09/04/2025	Contact - Telephone call received Telephone interview completed with home manager Shurlean Blount - Douglas.
09/04/2025	Contact - Telephone call made Telephone interview completed with Easter Seals MORC case manager Sarah Evans - Vallee.
09/08/2025	Contact - Document Received Resident A's Individual Plan of Service and Weight Chart provided via email from Easter Seals MORC case manager Sarah Evans - Vallee.

10/06/2025	Contact - Telephone call made Telephone call to Resident A's guardian. There was no answer. I left a voicemail requesting a return call.
10/07/2025	Contact - Telephone call made Telephone interview completed with home manager Shurlean Blount - Douglas.
10/07/2025	Contact - Telephone call made Telephone call to Resident A's guardian. There was no answer. I left a voicemail requesting a return call. I followed up with a text message.
10/08/2025	Contact - Document Received I received a text from Resident A's guardian stating that she would contact me at 11:30 am for an interview. I acknowledged and agreed. No telephone call was received. I called Resident A's guardian at 11:50 am. There was no answer. I left voicemail requesting a return call.
10/08/2025	Contact – Telephone call received Interview completed with Resident A's guardian.
10/09/2025	Contact - Telephone call made Telephone interview completed with Lasher Staff Tonya Booth.
10/10/2025	Exit Conference Telephone call to licensee designee Jason Schmidt to conduct an exit conference. Mr. Schmidt was unavailable.
10/13/2025	Exit Conference Telephone call to licensee designee Jason Schmidt to conduct an exit conference. Mr. Schmidt was unavailable.
10/14/2025	Exit Conference Telephone call to licensee designee Jason Schmidt to conduct an exit conference.

ALLEGATION:

It is believed that someone is telling Resident A “you can’t eat that” which may have caused or contributed to his significant weight loss.

INVESTIGATION:

On 09/02/25, I received a referral from Adult Protective Services (APS). APS denied the referral for investigation. In summary, the referral indicates, Resident A is diagnosed with autism, he has behavioral issues. Resident A is not eating. Resident A was approximately 170 pounds in December 2024 and is down to 142 pounds. Staff did not tell the guardian that Resident A is refusing to eat. Resident A was taken to the hospital by his mother last week because she was concerned. The hospital ran tests and said Resident A was not being starved. Resident A repeats things due to his autism diagnosis. Resident A said, "You can't eat that" multiple times. It is believed someone is saying this to him. Staff are getting a dietician for Resident A to help him get healthy. They will be giving him Ensure as well. On 09/02/25, I initiated my investigation by making a referral to Oakland Community Health Network (OCHN) – Office of Recipient Rights (ORR) via email. I was advised that OCHN – ORR will not be initiating an investigation.

On 09/03/25, I conducted an unscheduled onsite investigation. I interviewed direct care staff Jakobe Blount. While onsite I also interviewed New Life Services vice president Cheryl Schmidt and New Life Services area supervisor Lori Mitchel via telephone. During the onsite inspection, I observed that the home had an adequate supply of food. The refrigerator, freezer, and pantry were full of a variety of items. The home also had an ample supply of Ensure for Resident A.

On 09/03/25, I interviewed direct care staff Jakobe Blount. Mr. Blount stated he works on third shift. He is responsible for feeding the residents breakfast. Mr. Blount stated he observed that Resident A was slowly losing weight, and he assumed it was due to one of his prescribed medications. Mr. Blount stated Resident A eats three meals a day and snacks. For breakfast Resident A enjoys waffles, pancakes, oatmeal, fruit, and sausage. Mr. Blount remarked, Resident A eats a lot, he is never denied food, and he has no food restrictions. Mr. Blount stated he took Resident A to an appointment on 09/03/25, at Easter Seals MORC. Resident A's family met him at the appointment. Mr. Blount did not meet with the doctor. However, he was advised that there were changes to Resident A's medications in hopes that he would stop losing weight.

On 09/03/25, I interviewed New Life Services vice president Cheryl Schmidt via telephone. Ms. Schmidt stated they are aware of Resident A's weight loss. Home manager, Shurlean Blount – Douglas, has been following up with Resident A's treatment team and addressing the concern. Ms. Schmidt denied the allegation stating Resident A is never denied food or told that he cannot eat.

On 09/03/25, I interviewed New Life Services area supervisor Lori Mitchel via telephone. Ms. Mitchel stated Resident A moved into the home in December 2024. He

has a history of using a feeding tube. Home manager, Shurlean Blount – Douglas has been following up with management and Resident A's treatment team regarding his weight loss. Ms. Mitchel stated Resident A's Easter Seals MORC case manager and Easter Seals MORC dietician services were notified. Resident A's primary care physician was contacted and Resident A recently completed lab work. Ms. Mitchel stated it was recommended that Resident A have Ensure in addition to meals to help with weight gain. A prescription was obtained, and Resident A is now receiving Ensure in hopes to stabilize his weight. Ms. Mitchel denied that Resident A was denied food or ever told that he cannot eat something.

On 09/04/25, I interviewed home manager Shurlean Blount – Douglas via telephone. Ms. Blount – Douglas stated in June 2025, Resident A started losing weight. She informed his guardian and his Easter Seals MORC case manager Sarah Evans - Vallee. Ms. Blount – Douglas stated she has never seen Resident A refuse food, he loves potato salad, and he gets it daily. Resident A attends Lasher workshop and two weeks ago they informed her that he had been throwing his sandwich away every day at lunch and only eating his fruit. Prior to this, home staff did not know that Resident A was not eating his lunch at workshop. Ms. Blount – Douglas explained that starting in 2020, due to Covid – 19, the workshop requested the residents bring a bag lunch this is why Resident A was being sent with a sandwich because they were asked to provide food that did not require heating. Ms. Blount – Douglas stated Resident A did not show signs of illness. He has a history of experiencing weight loss and has previously been on a feeding tube. Ms. Blount – Douglas stated dietician services have been obtained for Resident A and he has an appointment next week.

On 09/04/25, I interviewed Easter Seals MORC case manager Sarah Evans - Vallee via telephone. Ms. Evans – Vallee stated she has worked with Resident A for 9 years. When she started working with him, he had nutritional services, but they were discontinued in 2022 because he was able to maintain his weight. Ms. Evans - Vallee stated per the nutritional safeguards in Resident A's Individual Plan of Service (IPOS) if his weight goes under 148 lbs. then staff are to reach out to his doctor. Ms. Evans - Vallee stated Resident A's guardian was a part of the IPOS planning process and agreed to the safeguards. Ms. Evans - Vallee stated on 08/25/25, she received a telephone call from Resident A's guardian who stated she would be coming to the home for the scheduled case management appointment that day to discuss Resident A's weight loss. Ms. Evans - Vallee stated she was aware that Resident A had been losing weight, which is not uncommon for him. Ms. Evans - Vallee explained that Resident A moved into this home in January 2025, it takes approximately 9 months – 1 year to transition to a new environment. Resident A's weight had been consistent for months. He had access to food, there were no restrictions on food, and he was not refusing food at the home. Ms. Evans - Vallee stated during her visits at the home she has witnessed

Resident A walk into the kitchen and get food independently. Ms. Evans - Vallee stated Resident A had a change to his psychiatric medications in April 2025. In the third week of May 2025, he began losing weight. Ms. Evans - Vallee stated she reached out to Lasher workshop to see if Resident A had been refusing food at workshop. As of the date of this interview they have not responded. Ms. Evans - Vallee stated Resident A's guardian is responsible for all Resident A's medical appointments, the home does not manage his medical appointments. Resident A has gone to the doctors several times since moving into this home. When Resident A was taken to the hospital the guardian said that there were no findings. Ms. Evans - Vallee stated Resident A echoes phrases and repeats things that were said to him at any time in his life. If he was to repeat a phrase it could be from something that he heard at any time. Ms. Evans - Vallee stated dietary services has been assigned, and Resident A has an assessment scheduled for 09/10/25. Ms. Evans - Vallee stated she has no concerns with the care that the staff at the home are providing. At Resident A's last psychiatric appointment Ms. Evans - Vallee encouraged Resident A's guardian to speak to the doctor about Resident A's weight loss. Ms. Evans - Vallee stated following the appointment, she reviewed the medication note written by the psychiatrist and it indicates that Resident A's sleep and appetite are good. Abilify 10 mg was restarted, and he was taken off Ativan 0.5 mg, it was changed to as needed per the request of his guardian.

On 09/08/25, I reviewed Resident A's Individual Plan of Service (IPOS) provided via email from Easter Seals MORC case manager Sarah Evans – Vallee. In summary, Resident A's IPOS indicates "Home staff should take (Resident A's) weight monthly and record. Primary care doctor to be notified if (Resident A's) weight falls below 148 lbs." Resident A has a history of refusing meals. If meal refusals last more than 1 week, contact primary care physician. Resident A typically has a good appetite. If there is something he does not like, he will not eat it.

On 09/08/25, I reviewed Resident A's Weight Chart provided via email from Easter Seals MORC case manager Sarah Evans – Vallee. Resident A is weighed weekly. December 28, 2024, Resident A's move in weight was 178. In January 2025, Resident A's weight ranged from 180 lbs. – 180.5 lbs. In February 2025, Resident A's weight ranged from 180.5 lbs. – 181 lbs. In March 2025, Resident A's weight ranged from 181 lbs. – 182 lbs. In April 2025, Resident A's weight ranged from 179 lbs. – 181 lbs. Beginning in May 2025, Resident A's weight began to fluctuate. Below are his weekly weights:

May 2025: week 1 – 180 lbs., week 2 – 180 lbs., week 3 – 179 lbs., week 4 – 175 lbs.
June 2025: week 1 – 169 lbs., week 2 – 163 lbs., week 3 – 159 lbs., week 4 – 158 lbs.
July 2025: week 1 – 160 lbs., week 2 – 160 lbs., week 3 – 155 lbs., week 4 – 156 lbs.
August 2025: week 1 – 153 lbs., week 2 – 151 lbs., week 3 – 150 lbs.

On 10/07/25, I completed a second interview with home manager Shurlean Blount – Douglas via telephone. Ms. Blount – Douglas stated Resident A's weight has been maintaining at 139.5 lbs. for the past two weeks. Resident A is eating better, and the home has started sending a hot lunch with him to Lasher workshop which he is eating. Additionally, Ms. Blount – Douglas stated in April 2025, Resident A was taken off Abilify. He was put back on the medication and September 2025 and his behaviors seem to have normalized.

On 10/08/25, I completed a telephone interview with Resident A's guardian. Resident A's guardian stated Resident A moved into the Alta Vista home in January 2025, he weighed 187 lbs. Resident A's guardian stated she brought Resident A to her home on June 10, 2025, he looked thin, she weighed him, and he was 160 lbs. On August 15, 2025, Resident A's mother picked him up from the Alta Vista home and Resident A had lost another 20 lbs. Resident A's guardian stated she was not contacted and made aware of Resident A's continued weight loss which is total neglect. Resident A's guardian stated she wrote a note at the home telling staff to notify her of everything pertaining to Resident A.

Resident A's guardian stated she met with Resident A's Easter Seals MORC case manager and the dietician regarding Resident A's weight loss. Resident A also had blood work done to check his thyroid. Resident A's guardian stated she manages Resident A's medical appointments, sometimes staff from the home attend the appointments and other times they do not. Resident A's guardian acknowledged that Resident A's Abilify was changed, he was taken off the medication and now he is back on however, she remarked Resident A also takes Seroquel which increases appetite. Resident A's guardian spoke to Resident A's psychiatrist regarding his weight loss, and they are unable to determine what caused it.

Resident A's guardian stated Resident A will parrot (repeat and/or mimic) actions and phrases that he hears or things that were said to him. When Resident A was a teenager, he had to get a peg tube because following a dental procedure he was mimicking the way he had to hold his neck to have the dental work done and he would not eat.

Resident A's guardian stated it was suggested that Resident A was not eating when he went to Lasher workshop. As such, she went to Lasher and monitored Resident A for four hours. Resident A's guardian stated Lasher staff (name unknown) told her that Resident A does not always eat his lunch. Resident A's guardian observed the lunch that was sent with Resident A. The lunch contained potato salad, which is his favorite, but he was only sent a quarter cup, and two dishes of meat and beans. Resident A's guardian remarked, Resident A does not like his food to touch, therefore he would not eat the meat and beans. Further, the containers were not leak proof and/or they were not properly sealed and the food spilled out causing a mess.

Resident A's guardian stated when she visits the home there is food available for the residents. She remarked that the older staff prepare better meals than the younger staff and it appears the staff only cook enough food for the residents to have one plate each.

On 10/09/25, I completed a telephone interview with Lasher staff Tonya Booth. Ms. Booth stated she works with Resident A five days a week when he attends Lasher workshop. Ms. Booth stated the lunches sent by the home for Resident A are not appetizing and therefore, he does not eat them. For lunch the home sends Resident A with a sandwich, fruit, vegetables, and a snack. Resident A will eat the snacks but not the sandwich. Now that the home is sending him a hot meal, they put food that is meant to be served cold in the same bowl with food that needs to be heated. For example, Resident A's lunch consists of potato salad, pees, and chicken all together in the same bowl. On another occasion Resident A brought ground meat and vegetables in the same bowl and there was another bowl of chicken and rice. Ms. Booth stated there are a lot of days that she is unable to tell what the food is in Resident A's lunch referring to it as a "mystery meal." Ms. Booth stated she would not eat the food that is sent with Resident A and further remarked, "I wouldn't feed it to my dog." Ms. Booth stated whatever food Resident A chooses not to eat, is sent back to the home so that home staff can see what he did not eat that day. At pick up Ms. Booth stated she informs the home staff if Resident A did not eat his lunch. Ms. Booth stated when Resident A is offered food that is appetizing and appealing to him by Lasher staff, he eats it willingly. Ms. Booth stated other than his lunches being poor, Resident A is dressed well, clean, and well-groomed when he comes to workshop.

On 10/10/25, I placed a telephone call to licensee designee Jason Schmidt to conduct an exit conference and review my findings. I spoke to the receptionist at New Life Services who stated Mr. Schmidt was not in the office. I left my name and contact information and requested a return call. I placed a second telephone call to Mr. Schmidt on 10/13/25, I was informed that he was not in the office at the time of my call. On 10/14/25, I received a return call from Mr. Schmidt. I reviewed my findings. Mr. Schmidt acknowledged and agreed to submit a corrective action plan. Mr. Schmidt had no information and/or comments to add to this investigation.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (e) Withhold food, water, clothing, rest, or toilet use.
A/NALYSIS:	Based upon the information gathered during this investigation there is insufficient information to conclude that food is being withheld from Resident A.

	<p>Based on my observation on 09/03/25, the home has an adequate supply of food. Vice president Cheryl Schmidt, area manager Lori Mitchel, direct care staff Jakobe Blount, home manager Shurlean Blount – Douglas, and Easter Seals MORC Case Manager Sarah Evans – Vallee denied the allegation indicating that Resident A has access to food in the home and there are no concerns that anyone is telling Resident A that he cannot have food. Lasher staff Tonya Booth reports Resident A brings lunch with him to workshop.</p> <p>The referral indicates that Resident A repeated the phrase “you can’t eat that.” It was consistently reported that Resident A echoes (repeats and/or mimics) actions and phrases that he hears or things that were said to him. There is not enough information to determine the origin of when, where, or why he may have heard this phrase.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>Based upon the information gathered during this investigation there is sufficient information to conclude that although the home is providing 3 meals daily, Resident A’s lunch, that is sent to Lasher workshop, is not the proper form, consistency, and temperature.</p> <p>Lasher staff Tonya Booth stated Resident A’s lunches are not appetizing and therefore, he does not eat them. For lunch the home was sending Resident A with a sandwich, fruit, vegetables, and a snack. Resident A was eating the snacks but not the sandwich. Now that the home is sending him a hot meal, they put food that is meant to be served cold in the same bowl with food that needs to be heated. For example, potato salad, pees, and chicken all together in the same bowl. Ms. Booth and Resident A’s guardian consistently stated that the food in Resident A’s lunch is consistently all in the same bowl (ground meat and vegetables, chicken and rice, meat and beans, etc.) Resident A’s guardian remarked that Resident A does not like his food to touch.</p>

	<p>When Resident A's guardian observed Resident A's lunch at Lasher the containers were not properly sealed and the food spilled out causing a mess. Ms. Booth stated there are a lot of days that she is unable to tell what the food is in Resident A's lunch referring to it as a "mystery meal" further stating that she would not eat the food and she would not feed it to a dog.</p> <p>Ms. Booth stated at pick-up she informs the home staff if Resident A did not eat his lunch and whatever food that was not eaten is sent back to the home so that the home staff can see what Resident A did not eat that day.</p> <p>Per Resident A's IPOS he has a history of refusing meals. Typically, he has a good appetite, but if there is something he does not like, he will not eat it. Since moving into the home in December 2024 to August 2025, Resident A lost 30 lbs. As there were no medical findings for his weight loss this would suggest that he is refusing meals as they are not appetizing to him due to the improper form, consistency, and temperature.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

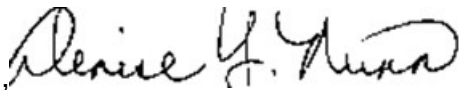


10/14/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



11/21/2025

Denise Y. Nunn
Area Manager

Date